

The Link between Masculinity, Alcohol and HIV/Aids in Malawi



NORWEGIAN CHURCH AID
actalliance



SOLIDARITETSAKSJON FOR UTVIKLING
CAMPAIGN FOR DEVELOPMENT AND SOLIDARITY

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MASCULINITY, ALCOHOL AND HIV/AIDS IN MALAWI

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Norwegian Church Aid Actalliance
FORUT Campaign for Development and Solidarity



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Preface and thank you

On behalf of Norwegian Church Aid and FORUT we would like to thank all the people who have contributed towards the publication of the research on the relationship between Masculinity, Alcohol and HIV and Aids in the Malawian context. First and foremost we would like to thank Dr. Gerard Chigona who initiated and facilitated the research and set out the frames in the terms of reference and as well oversaw the process towards the final result. Also we would like to thank the Millennium Centre for Research and its team leader Dr David Mkwambisi who took the challenging assignment and carried out the research, under at times very challenging working conditions. We would also like to extend our thanks and appreciation to Prof Dr Klaus Fiedler for his contribution in editing and formatting, as well as coordinating the publication of the research. Finally we would specifically like to mention all those at local community level around Malawi, women and men, who have contributed to the research and provided invaluable inputs to the critical questions raised. It has been the first research in this field in Malawi, and has been received with great interest but also some degree of skepticism. From the Norwegian Church Aid and FORUT side we are confident that the research has given new insight into the interrelation between the perception of the perceived role and behaviour of men and how this links to alcohol and substance abuse and thereby contributing to the spread of HIV and Aids.

These are difficult and challenging areas to work with and get insight into, moving into the very personal sphere of individuals, as well as cultural traditions and beliefs. But it is also quite clear to us who have been working on these issues that ***without challenging men*** to look at their own role and responsibility and to take an interest in how they can contribute in a more holistic manner in the fight against HIV and AIDS, ***our efforts will not succeed.***

We hope that this research can give insight and information and more importantly inspire future interventions to engage both men and women to look at their roles and responsibilities.

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Abbreviations and acronyms

AIDS	Acquired Immune Deficiency Syndrome
DBO	Drinking Banning Orders
CAR	Churches Action in Relief
CRC	Convention on the Rights of the Child (UN)
DLO	District Labour Officer
DPPO	Designated Public Place Orders
DSWO	District Social Welfare Office(r)
FBO	Faith Based Organization
GOM	Government of Malawi
HIV	Human Immune Virus
IEC	Information, Education and Communication
IGA	Income Generating Activity
MGDS	Malawi Growth Development Strategies
NAC	National AIDS Commission
NCA	Norwegian Church Aid
NGO	Non Governmental Organization
WHO	World Health Organization
WVI	World Vision International

Chapter 1

INTRODUCTION

That conceptions of masculinity, alcohol, and HIV/AIDS are linked in Malawi has long been experienced by ordinary people, HIV experts and development workers alike. But this linkage, very real and often deadly, has hardly been documented. As a result, the role of perceptions of masculinity (in which alcohol plays a part) in the prevention of HIV/AIDS has also not been given sufficient attention. As a minimum there is a need for a broad and scientific review of existing research material and systematic studies in order to map out which areas are covered with good documentation and which areas still need more research. In recognition of these gaps, and in an effort to contribute towards the cultivation of highly motivated and inspired men who can actively involve themselves and participate in the fight against HIV and AIDS in Malawi, the Norwegian Church Aid commissioned this study. This is part of the Norwegian Church Aid strategy whose overall goal is to support programmes through Faith Based Organizations (FBOs) in the area of HIV and AIDS.

In cooperation with FORUT, the *Norwegian Campaign for Development and Solidarity*—Norwegian Church Aid has been supporting the implementation of an innovative project on Masculinity, Alcohol, and HIV and AIDS. Therefore this study was conducted with the main objective of establishing the relationship between concepts of masculinity, alcohol, and HIV/AIDS in Malawi and providing practical recommendations to stakeholders on interventions related to the linkages. The Millennium Centre for Research and Development carried out this study from August to September 2008, in nine districts in Malawi. The research uncovered the linkage between masculinity, alcohol and HIV/AIDS and gives a detailed analysis of masculinity perceptions, and how these relate to alcohol and HIV/AIDS. In Malawi there is a huge amount of knowledge but little or no documentation available on the linkage between masculinity, alcohol and HIV and AIDS. This connection has been experienced from the early phases of the AIDS pandemic. Alcohol use and drunken behaviour in the name of masculinity are now well perceived as risk factors to contract HIV.¹ Through an increasing amount of research conducted elsewhere on masculinity, alcohol and HIV/AIDS, the connection of the three is becoming

¹ Norwegian Church Aid, 2003.

gradually clearer also from a scientific perspective. In real life the connection has long been experienced by ordinary people, and it has been observed by HIV experts and development workers, but without thorough documentation. Obviously there are connections between masculinity concepts, alcohol consumption and HIV/AIDS. The general consensus is that dominant concepts of masculinity promote peer pressure and due to such peer pressure men engage in risky behaviour, be it the display of sexual prowess, having multiple partners² or encouraging alcohol consumption among men. Research on alcohol has reported that there is a triple connection between alcohol and HIV/AIDS, namely: alcohol contributing to the spread of HIV and AIDS; alcohol boosting the development of the disease; and alcohol reducing the effects of antiretroviral treatment. The relationship between masculinity, alcohol and HIV/AIDS is complicated by factors like geographic region, race, religion and many others. The third chapter introduces the available literature on this.

Recognizing the fact that a number of links between perceptions of masculinity, alcohol consumption and HIV/AIDS are unexplored and equally so their relation to the fight against HIV/AIDS, there was an urgent need to develop more documentation on the various links. There is need to assess which links are the most important ones and which dimensions of these linkages contribute most to the HIV and AIDS epidemic. Furthermore, there is need to understand how the different links function and how the various linkages can be approached with prevention efforts in the Malawian context. This information will help programme managers and policy makers to understand the following questions: Is there a direct link between alcohol consumption and HIV/AIDS in Malawi? What are the socio-economic impacts of the relationship between alcohol and HIV/AIDS in Malawi? What is the role of alcohol consumption in Malawi? What interventions could be put in place to promote sustainable development in Malawi? It is also envisaged that information presented in this report will be part of a planning tool that will guide Norwegian Church Aid and its potential partners, including NGOs, CBOs, FBOs in designing and implementing effective programmes to promote behavioural change in the fields of HIV/AIDS and Sexual and Reproductive Health. This study is part of the strategy by The Norwegian Church Aid (NCA) whose overall goal is to support programmes through Faith Based Organizations (FBOs) in the area of Health and HIV/AIDS in cooperation with FORUT, the Norwegian Campaign for Development and Solidarity. The overall purpose of this assignment was to collect data through research and critically analyze it in order to have a nationally representative understanding of how the male image, perceptions of male

² K. Rivers and P. Aggleton, *Men and the HIV Epidemic, Gender and the HIV Epidemic*, New York: UNDP HIV and Development Program, 1999.

sexuality and the consumption of alcohol contribute to risky behaviour and HIV/AIDS. Specifically the study aimed to:

- Examine the availability of a regulatory framework on alcohol and its linkage to HIV and AIDS.
- Conduct a comprehensive review of literature, activities and projects being carried out—especially by faith based organizations—that address the linkage between masculinity, alcohol, and HIV/AIDS in Malawi.
- Establish the extent of alcohol consumption among males and the connection to the spread of HIV and AIDS in Malawi.
- Provide a solid and concise analysis on the connection between masculinity, alcohol and HIV and AIDS in Malawi.
- Provide practical recommendations on how men can be actively involved in the fight against the HIV/AIDS pandemic.
- Help development partners to design and implement effective behavioural change programmes to fight HIV/AIDS and improve Sexual Reproductive Health

After this research an innovative project on Masculinity, Alcohol, and HIV and AIDS will be implemented with the objective of contributing towards the cultivation of highly motivated and inspired men who actively involve themselves to participate in the fight against HIV and AIDS in Malawi. In order to implement such a programme there was need to understand the masculinity context and how it is linked to alcohol and HIV and AIDS so that practical recommendations can be drawn for effective implementation of programmes.

Chapter 2

APPROACHES AND METHODOLOGIES

The study employed a number of methods to collect data, which ensured maximum participation of key stakeholders. The study involved the following steps: comprehensive literature review, designing study tools, recruitment of enumerators, training of enumerators, pre-testing of evaluation tools and modification, data collection (interviews, stakeholder consultations/workshops, focus group discussions), data analysis and report writing. Data was collected using semi-structured questionnaires and checklists. Enquiries were conducted in Karonga, Mzimba, Nkhata Bay, Kasungu, Lilongwe, Mangochi, Blantyre, Thyolo and Chikwawa districts. Data analysis involved a range of methodologies including SPSS, transcripts and integration of a wide range of data sets based on the Venn-Prism concepts.¹ The concept argues that institutional forces as well as social attributes have an impact at community as well as national level. To ensure that all objectives of the study were thoroughly addressed, the methodology was based on the objectives of the study in **three key phases**. The following sections present in detail the methodology used in this study.

2.1 The availability of a regulatory framework on alcohol and its linkage to HIV and AIDS (Phase 1)

2.1.1 Literature review

For this objective, a literature search on alcohol, masculinity and HIV and AIDS in Africa in general and Malawi in particular was conducted. Specific searches on the following keywords were used: alcohol, masculinity, HIV and AIDS and Malawi. The search was done using databases Science Direct, Springer Link and Pub Med, as well as internet sources such as Google and Google Scholar. Some of the literature from Malawi was obtained from local academic and government sources, civil society organizations and NCA FO-RUT. Information was collected first of all on the availability of a regulatory framework that deals with masculinity, alcohol and HIV/AIDS. Background

¹ D.D. Mkwambisi, Urban Agriculture in Malawi: Poverty Reduction, Waste Management and Institutional Barriers, PhD, University of Leeds, School of Earth and Environment, Sustainability Research Institute, 2007.

information was collected on the role of alcohol consumption among males, and on the connection to the spread of HIV. Special attention was paid to the connection between masculinity, alcohol, and HIV/AIDS and to activities and projects being carried out especially by faith based organizations in addressing that linkage, including strategies that can be used in reaching out to men for their active involvement in the fight against the HIV and AIDS pandemic in the country. Documents such as monthly reports, semester reports, annual reports, special activity reports, annual operational plans, design documents, baseline survey reports etc were extensively reviewed. Literature on the same topic was also reviewed from elsewhere to gain insights on best practice. A detailed synthesis of available literature will be presented in the next chapter and is used in the rest of the report. In addition to the literature review, interviews were conducted with key informants, particularly district assembly and community leaders, on the availability of regulatory frameworks that deal with alcohol and HIV and AIDS.

2.1.2 Survey research tools

Based on the literature review, qualitative and quantitative research tools relating to the study were used. These included semi structured questionnaires and targeted checklists for different stakeholders. Apart from these tools important information was collected through informal interviews and observations on the ground.

These tools were developed during a workshop where there were plenary expert discussions, small group work and later consolidation of the tools. Representatives from Norwegian Church Aid gave their input on the draft tools. The tools were first pre-tested at Biwi and Mchesi and modified before field work. Concurrent with the development of the tools seven enumerators were recruited and trained. Information and data were collected on the scope of the study as outlined in the first chapter.

2.2 The connection between masculinity, alcohol and HIV/AIDS (Phase 2)

2.2.1 Research sites

The study was conducted in nine districts in Malawi (Figure 2-1).² The districts were purposively selected representing variables such as: Urban, peri-urban and rural areas, sources and destinations of beer, economic and social factors, popu-

² The districts were chosen in consultations with Norwegian Church Aid.

2.3.4 Key informant interviews

In addition to semi-structured interviews, key informant interviews were conducted with relevant stakeholders such as District Health Offices, District Assemblies, bar tenders, FBOs and NGOs such as Banja la Mtsogolo (BLM), MACRO, among others. A summary of stakeholders that were consulted at each district is given in Table 2.2, but this excludes HIV and AIDS patients interviewed at Mlambe Mission Hospital and Mangochi Diocese FBO.

Table 2-1 Key stakeholders and key informants consulted in the study

District	Region	Stakeholders consulted
Karonga	North	Banja la Mtsogolo, MACRO, District health Office, Town Assembly, Carlsberg, World Vision, Karonga District Hospital
Mzimba/Mzuzu	North	Hope NGO, City Assembly, Plan Malawi,
Nkhata Bay	North	CPAR, Town Assembly, Carlsberg
Kasungu	Central	Mphatso Private Clinic, Kasungu District Hospital, MACRO
Lilongwe	Central	Nurses Association of Malawi, National Aids Commission, Christian Health Association of Malawi, Department of HIV and Nutrition,
Chikwawa	South	Evangelical Association of Malawi, World Vision, Chikwawa District Hospital
Blantyre	South	Mlambe Mission Hospital,
Thyolo	South	Thyolo District Hospital, Thyolo District Assembly (Social Welfare Office), NAPHAM Thyolo
Mangochi	South	Mangochi District Hospital, Mangochi Diocese FBO, Private Clinic

2.3.5 Focus Group Discussions

Focus group discussions with communities and people living with HIV and AIDS were conducted in selected districts. The purpose of the focus group discussions was to collect more information and triangulate information that would be missed by the other research tools. Focus group discussions also provided opportunities to capture important qualitative information (societal, regional, and even national) that is not individual specific. This method yielded very rich data regarding the relationship between masculinity, alcohol and HIV/AIDS.

2.3 Analysis of the connection between masculinity, alcohol and HIV and AIDS in Malawi (Phase 3)

2.3.1 Data analysis and coding process

The data was entered, cleaned and analyzed on a computer using the Statistical Package for Social Sciences (SPSS Version 12) software. The analytical techniques included descriptive statistics (frequency distributions, graphs, means and cross tabulations, and chi-squares and t-tests) among others.

Some of the focus group meetings and key informant interviews were recorded, and transcripts made of the proceedings. These transcripts were then analyzed using a coding process to add key words that became the basis for the analysis. This method roughly followed the process suggested by Grounded Theory, a qualitative method designed to help researchers systematically collect and analyze data and construct theoretical models on social phenomena.³ Standard quality control measures such as checking questionnaires were followed throughout data collection, entry and analysis.

³ J. Corbin & A.L. Strauss (1990), "Grounded Theory Research Procedures, Canons and Evaluative Criteria." *Qualitative Sociology*, 13, pp. 3-21; Corbin and Strauss, 1990, B.G. Glaser & A.L. Strauss, *The Discovery of Grounded Theory: Strategies for Qualitative Research*, Chicago: Aldine Publishing, 1967.

Chapter 3

LITERATURE REVIEW

3.1 Masculinity, alcohol and HIV/AIDS linkages

3.1.1 Masculinity

Masculinity has its roots seemingly in genetics, but is in reality a social construct.¹ Perceptions of masculinity differ from culture to culture, but there are common aspects to its definition across cultures. Janet Saltzman Chafetz points out seven fundamental characteristics: (1) A "real man" must be physically strong, athletic and brave. (2) Functionally he is the breadwinner and the provider for the family. (3) Sexually, masculinity is defined by aggressiveness and much experience. (4) Emotionally, he is not the show feelings. "Real men don't cry." (5) In intellectual terms, a masculine man is rational, logical and objective. (6) In interpersonal relationships he is a demanding leader, dominant and independent. (7) Finally he is ambitious, success oriented, proud, egotistical, reliable and adventurous.

Concepts of masculinity even differ within the same culture; therefore gender scholars will sometimes use the phrase "hegemonic masculinity" to distinguish the most dominant form of masculinity from other variants. Machismo is a form of masculine culture. It includes assertiveness or standing up for one's rights, responsibility, selflessness, a general code of ethics, sincerity, and respect² Anthropology has shown that masculinity itself has social status, just like wealth, race and social class. In both African and western cultures, for example, greater masculinity usually brings greater social status.

3.1.2 Masculinity pressure and coping strategies

It is generally accepted that since masculinity is a social construct with different societal perceptions, most men feel pressured to act masculine. Therefore men who want to be "masculine" feel that they have to prevail in situations that re-

¹ L. Stanton and Brenna Maloney, "The Perception of Pain," *Washington Post*, 19.12.2006; J. Money, "The Concept of Gender Identity Disorder in Childhood and Adolescence after 39 Years", *Journal of Sex and Marital Therapy* 20, 1994, pp. 163-177.

² Alfredo Mirandé, *Hombres y Macho*
s: *Masculinity and Latino Culture*, Boulder, Colorado: Westview Press, 1997.

quire physical strength and fitness. To appear weak, emotional, or sexually inefficient is a major threat to their self-esteem. To be content, these men must feel that they are decisive and self-assured, and rational. Masculine gender role stress may develop if a man feels that he has acted 'unmanly'. Conversely, acting 'manly' among peers will often result in increased social validation or general competitive advantage.³

Men have different ways to cope with stressful situations. Standards of masculinity do not only create stress for some men, they may also limit these men's abilities to relieve stress. Some men deal with difficult situations using the schema of what is an acceptable masculine response rather than what is objectively the best response. As a result men often feel limited to a certain range of "approved" masculine responses and coping strategies. Some such "masculine" coping strategies may lead to risky behaviour such as engaging with multiple partners and alcohol consumption. The following sections present a synthesis of possible relationships between perceptions of masculinity, alcohol use and HIV and AIDS.

3.2 Research on masculinity, alcohol and HIV and AIDS

While there is a general lack of research on the relationship between masculinity, alcohol and HIV/AIDS in Malawi, as well as in many African countries, some relevant studies have been conducted during the past years. A review of literature on masculinity, alcohol and HIV/AIDS in Africa seems to suggest that masculinity, alcohol and HIV and AIDS are linked in a vicious circle with multi causal chains and feedback loops in the developing countries of Africa.⁴ For example, studies have demonstrated that masculinity is linked to social status and increased use of alcohol is also linked to social status.⁵

³ A. James Hammerton, *Cruelty and Companionship: Conflict in Nineteenth-Century Married Life*, London: Routledge, 1995.

⁴ Olabasi A. Odejide, "Status of Drug Use/Abuse in Africa: A Review, *International Journal of Mental Health and Addiction*, 4, 2006, pp. 87-102"; Alcohol Policies in Africa", *African Journal of Drug and Alcohol Studies*, 5(1), 2006; Robin Room et al, *Alcohol in Developing Societies. A Public Health Approach*, Finnish Foundation for Alcohol Studies/World Health Organization, 2002; A. Eide, Adolescent Drug Use in Zimbabwe: Cultural Orientation in a Global-local Perspective and Use of Psychoactive Substances among Secondary School Students, University of Bergen, Research Centre for Health Promotion, Faculty of Psychology, 1997. See also: A. Eide, "Adolescent Alcohol and Drug Use in Sub-Saharan Africa", *Globe Magazine: International Alcohol and Drug Problems*, 1999, 4:20-21.

⁵ A. Eide, I. Diallo, I. Thioub, and M.E. Loeb, "Drug Use among Secondary School Students in Senegal," *Psychopathologie Africaine*, XXXI, 2 (2001-2002), pp. 235-255; A. Eide, Adolescent Drug Use in Zimbabwe: Cultural Orientation in a Global-local Perspective and Use of Psychoactive Substances among Secondary School Students, University of Bergen, Research

In many cases, masculinity perceptions may prompt people to engage in high risk behaviour such as alcohol consumption, having multiple sexual partners and other intertwined behaviours, derived from either masculinity, alcohol consumption or both, that lead to the spread of HIV/AIDS. In most African countries, young people constitute 40-50 % of the population, and this group is the most vulnerable to these risks.⁶

3.2.1 Masculinity, alcohol use and HIV and AIDS in Africa and elsewhere

In the last decades in Africa studies have isolated important elements that may help to identify masculinity characteristics and relate them to alcohol as well as HIV and AIDS. Patterns of alcohol consumption and reasons for taking alcohol can help us to deduce a masculinity, alcohol and HIV and AIDS linkage. Alcohol is the most widely consumed drug in the world, about half the population above 15 years world-wide have consumed alcohol in the past year. Although it is difficult to interpret patterns in drinking because moderate consumption of alcohol is widely accepted in many countries,⁷ the fact that alcohol is consumed in itself has important cultural and symbolic meanings in many societies. Alcohol intoxication can lead to a number of temporary impairments in the user and, for many, consumption of alcohol leads to dependence and more permanent impairment. Globally, alcohol consumption plays a major role in morbidity and mortality.⁸ Across the world, men drink more alcohol than women; they drink more often, and in larger quantities and they cause more problems than women when they drink. Furthermore, surveys in many African countries have found that men are much more likely than women to become victims of alcohol abuse and dependence.⁹ Studies by the World Health Organization suggest that alcohol is a major risk factor for all types of injuries, regard-

Centre for Health Promotion, Faculty of Psychology, 1997.

⁶ Olabasi A. Odejide, "Status of Drug Use/Abuse in Africa: A Review, *International Journal of Mental Health and Addiction*, 4, 2006, pp. 87-102".

⁷ World Bank, World Development Report 2007: Development and the Next Generation, Washington DC: World Bank, 2006.

⁸ T. Babor, R. Caetano, S. Casswel, G. Edwards, N. Giesbrecht, K. Graham, J. Grube, P. Gruenewald, L. Hill, H. Holder, R. Homel, E. Österberg, J. Rehm, R. Room, and I. Rossow, 2003, *Alcohol No Ordinary Commodity: Research and Public Policy*, Oxford University Press; A. Eide, Adolescent Drug Use in Zimbabwe: Cultural Orientation in a Global-local Perspective and Use of Psychoactive Substances among Secondary School Students, University of Bergen, Research Centre for Health Promotion, Faculty of Psychology, 1997.

⁹ R.W. Wilsnack, S.C. Wilsnack, and I.S. Obot, "Why Study Gender, Alcohol and Culture?", in *Alcohol, Gender and Drinking Problems - Perspectives from Low and Middle Income Countries*, I.S. Obot and R. Room, Geneva: WHO, Department of Mental Health and Substance Abuse, 2005, pp. 1-23.

less of their intent.¹⁰ Statistics from across Europe show that alcohol consumption increases the chances of people becoming victims of violence and perpetrators of violence. Men commit most alcohol-related violence. Child abuse and gender based violence, in particular intimate partner violence, have been linked to alcohol use by men. Sexual abuse has also been linked to alcohol abuse. Women who drink are at greater risk of being assaulted, and men who drink are more likely to assault.¹¹ In all these aspects, the underlying causes of risky behaviour are related to perceptions of masculinity.

In Zimbabwe, Jernigan argues that informed opinion indicates that "a substantial portion of the population is composed of habitual very heavy drinkers" and many of Zimbabwe's big problems like HIV/AIDS and food shortage are influenced by alcohol use.¹²

Although alcohol has been present in many societies in the 'Developing World' for thousands of years, the production of alcohol and its social role in these societies is said to be changing.¹³ This process of change, which has taken centuries in the so-called Western World, has happened in the 'Developing World' over just a few decades.¹⁴ The change in patterns of alcohol consumption is in many cases related to changes in the perception of masculinity.

Different regions have different linkages with regard to masculinity, alcohol and HIV and AIDS. For example, in Sierra Leone drinking alcohol is not very common, but among those who do drink alcohol, most are single men over 25 years of age. Muslims are less likely to drink alcohol than Christians. People with higher education seem to drink more than those with lower or no education; similarly people drink more alcohol the more they earn money.¹⁵

Alcohol studies in Africa suggest that differences in drinking patterns are determined by masculinity related factors such as gender, age, income, marital status and area of residence.¹⁶ In many African societies, males drink propor-

¹⁰ World Health Organization, *The World Health Report 2005*, Geneva: WHO, 2005.

¹¹ World Health Organization, *The World Health Report 2002*, Geneva: WHO, 2002.

¹² D.H. Jernigan, "Country Profile on Alcohol in Zimbabwe," in L. Riley and M. Marshall, *Alcohol and Public Health in Eight Developing Countries*, Geneva: WHO, Substance Abuse Department, Social Change and Mental Health, 1999, pp. 157-175 [171].

¹³ Stine Hellum Braathen, Substance Use and Abuse and its Implications in a Malawian Context: Pilot Project 1, SINTEF Health Research: 2008; Substance Use and Abuse and Gender Based Violence in a Malawian Context: Pilot Project 2, SINTEF Health Research: 2008.

¹⁴ Robin Room et al, *Alcohol in Developing Societies. A Public Health Approach*, Finnish Foundation for Alcohol Studies/World Health Organization, 2002. .

¹⁵ M. Bøås and A. Hatløy, Alcohol and Drug Consumption in Post War Sierra Leone - an Exploration, FAFO-report 496, 2005.

¹⁶ A.J. Ibanga, A.V. Adetula, Z. Dagona, H. Karick, and O. Ojiji, "The Contexts of Alcohol Consumption in Nigeria," in: I.S. Obot, and R. Room (eds), *Alcohol, Gender and Drinking Problems - Perspectives from Low and Middle Income Countries*, Geneva: WHO, Department of

tionately more than women, and drinking by women is generally not accepted. The type of alcohol consumed is connected to the status of the consumer.¹⁷

Alcohol consumption has been associated with quarrelling with partner, having more than one sexual partner, physical aggression and smoking, all of which may lead to financial problems, poor health, loss of relationships and risk of contracting HIV and AIDS.¹⁸ Studies conducted in South Africa show that in South Africa alcohol abuse has an enormous negative impact on public health.¹⁹

Multi-country studies by the World Health Organization are among the few sources of information that unveil a number of interesting findings in the field of masculinity, alcohol and HIV and AIDS. A study conducted in Kenya, South Africa, Zambia, Mexico, Belarus, Romania, Russia and India revealed that “not only do alcohol use and sexual behaviour separately pose risks for STI/HIV infection but collectively”. The report revealed that alcohol consumption is believed to signify maleness and further concludes that the relationships between masculinity, alcohol and HIV are very significant. The findings show that alcohol use is part of the construction of maleness, and a facilitator for sexual encounters and intercourse. Drinking places are everywhere contact places for sexual relationships.²⁰

A recent study conducted in Botswana found that alcohol use is associated with multiple risks of HIV and AIDS transmission through having unprotected sex, multiple sexual partners and paying for sex.²¹ Studies conducted in Sri Lanka though not related to HIV and AIDS - point out that masculinity entailed high consumption of alcohol followed by sex and oppression of women. Usually there are few restrictions on the promotion of alcoholic products or on how alcohol is sold.²²

Mental Health and Substance Abuse, 2005, pp. 143-166. .

¹⁷ Ibid.; Oye Gureje, L. Degenhardt, B. Olley, R. Uwakwe, O. Udofoia, A. Wakil, O. Adeyemi, K.M. Bohnert, and J.C. Anthony, "A Descriptive Epidemiology of Substance Use and Substance Use Disorders in Nigeria during the Early 21st Century, *Drug and Alcohol Dependence*, vol. 91, 2007, pp. 1-9.

¹⁸ N.M. Tumwesigye and R. Kasirye, "Gender and the Major Consequences of Alcohol Consumption in Uganda," in *Alcohol, Gender and Drinking Problems - Perspectives from Low and Middle Income Countries*, I.S. Obot and R. Room, Geneva: WHO, Department of Mental Health and Substance Abuse, 2005, pp. 189-208.

¹⁹ C.D.H. Parry, B. Myers, N.K. Morojele, A.J. Flisher, A. Bhana, H. Donson, A. Plüddemann, "Trends in Adolescent Alcohol and other Drug Use: Findings from Three Sentinel Sites in South Africa (1997–2001), *Journal of Adolescence*, 27, 429–440.

²⁰ World Health Organization, *The World Health Report 2005*, Geneva: WHO, 2005.

²¹ Weiser et al, "A population-based Study on Alcohol and High Risk Sexual Behaviours in Botswana," *PloS Medicine* 3(10), 2006.

²² D.H. Jernigan, "Country Profile on Alcohol in Zimbabwe," in L. Riley and M. Marshall,

In Africa, a considerable number of social, cultural and psychological aspects of alcohol use and drunken behaviour – and also combinations of these aspects – may lead to increased risk to contract HIV. Studies have indicted alcohol as a facilitator for sexual encounters and intercourse, and alcohol serving places as contact places for commercial sex. Alcohol leads to denial and neglect of risk as a way of coping with life due to alcohol use, which results in special risk groups associated with alcohol; and alcohol is associated with violent behaviour, including sexual violence and sexual abuse.²³ According to WHO, “the synergy between sexual behavior and alcohol use enormously multiplies the potential negative consequences of the two behaviors separately”.²⁴

Bio-medically, a growing body of evidence suggests a direct bio-medical link between alcohol consumption and HIV infection. It is well known, independent from the HIV/AIDS issue, that alcohol can impair a person’s immune system and that this effect increases with the alcohol consumption level. Every episode of alcohol intoxication can suppress multiple elements of the immune function in the human body. Research on beer commercials produced some results relevant to studies of masculinity. In beer commercials, ideas of masculinity (especially risk-taking) are presented and encouraged. The commercials often focus on situations where a man is overcoming an obstacle in a group. The men will either be working hard or playing hard. For instance the commercial will show men who work hard physically such as construction or farm workers, or men who are cowboys. Beer commercials that involve playing hard have a central theme of mastery (over nature or over each other), risk, and adventure. For instance, the men will be outdoors fishing, camping, playing sports, or hanging out in bars. There is usually an element of danger as well as a focus on movement and speed. This appeals to and emphasizes the idea that real men overcome danger and enjoy speed (i.e. fast cars/driving fast). The bar serves as a setting for tests of masculinity (pool skills, strength and drinking ability) and serves as a centre for male socializing.²⁵ Trends in the literature reviewed suggest that patterns of masculinity, drinking and heavy drinking and HIV/AIDS in developing societies are very diverse, reflecting a variety of factors, including differences in the position of alcohol in traditional cultures, colonial and post-colonial experiences, and diversities in social organization and

Alcohol and Public Health in Eight Developing Countries, Geneva: WHO, Substance Abuse Department, Social Change and Mental Health, 1999, pp. 157-175.

²³ World Health Organization, *The World Health Report 2005*, Geneva: WHO, 2005.

²⁴ World Health Organization, *The World Health Report 2005*, Geneva: WHO, 2005, p. vii.

²⁵ Lance Strate, Neill Postman, Charles Nystrom and C. Weingartner, *Myths, Men, and Beer: An Analysis of Beer Commercials on Broadcast Television*. Falls Church, VA: American Automobile Association Foundation for Traffic Safety, 1991.

level of development. Furthermore, in many developing societies, alcohol related problems are more serious than would be suggested by the apparent per capita consumption. Factors behind this often include high levels of unrecorded consumption, the interaction of poor social and physical environments with drinking, and a concentration of drinking into episodes of intoxication.²⁶

While the documentation on the link between masculinity, alcohol and HIV and AIDS is still limited, some emerging trends are clear, and interest in the issue is growing. While acknowledging the compelling evidence for the linkages of masculinity, alcohol and HIV and AIDS, the question is whether the same would be observable in the Malawian context.

3.2.2 Masculinity, Alcohol Use and HIV and AIDS in Malawi

In Malawi, there is no systematic, nationally representative data collection on masculinity and alcohol use. However, there is a substantial amount of data on HIV and AIDS. The Demographic and Health Survey makes little mention of masculinity and alcohol.²⁷ There are a few sectoral reports isolating one or two dimensions of masculinity, alcohol or HIV and AIDS.²⁸ A rapid situation assessment (RSA) of drug abuse and HIV and AIDS in Malawi was conducted in 2004.²⁹ The report states that there are no central systems for collection of drug abuse data, and no up-to-date prevalence data on alcohol and drug abuse in Malawi. The RSA was an attempt to collect national data on drug abuse and its impact on sexually transmitted diseases, especially HIV and AIDS. The RSA found that alcohol (both traditional beverages such as Chibuku and Kachasu, and imported beverages) is the most common drug of abuse in Malawi.³⁰ A

²⁶ Robin Room, Alcohol Issues in Developing Societies. Paper presented at the WHO Conference on Young People and Alcohol, Stockholm, February 19-21, 2001.

²⁷ Government of Malawi, *Demographic and Health Survey*, Zomba: 2004.

²⁸ T. Bisika, T. Konyani, and I. Chamangwana, *Rapid Situation Assessment of Drug Abuse and HIV and AIDS in Malawi*, Zomba: Center for Social Research, University of Malawi, 2004; K. Peltzer and P.O. Ebigbo, "Causative and Intervening Factors of Harmful Alcohol Consumption and Cannabis Use in Malawi," *The International Journal of the Addictions*, 24(2), 1989, pp. 79-85; S. Carr, A. Ager, C. Nyando, K. Moyo, A. Titeca, and M. Wilkinson, "A Comparison of Chamba (Marijuana) Abusers and General Psychiatric Admissions in Malawi," *Social Science and Medicine*, vol. 39, no. 3, 1994, pp. 401-406; F.C. Pampel, "Patterns of Tobacco Use in the Early Epidemic Stages: Malawi and Zambia," *American Journal of Public Health*, vol. 95, no. 6, 2005, pp. 1009-1015.; and M. MacLachlan, R.C. Page, G.L. Robinson, T. Nyirenda, and S. Ali, "Patients' Perceptions of Chamba (Marijuana) Use in Malawi," in *Substance Use and Misuse*, 33(6), 1998, pp. 1367-1373.

²⁹ T. Bisika, T. Konyani, and I. Chamangwana, *Rapid Situation Assessment of Drug Abuse and HIV and AIDS in Malawi*, Zomba: Center for Social Research, University of Malawi, 2004.

³⁰ *Ibid.*, p. 4.

total of 1218 drug abusers were included in the survey, of them 96% were male, the majority were single, self employed and young. Compared to the overall population (as described in the Malawi Demographic and Health Survey, 2000) the drug abusers were five times more educated than the general population. Among the drug abusers, the majority were Protestants (54%), while 23% were Catholics and 15% were Muslims.³¹ With regards to alcohol, the report states that 'alcohol in Malawi is consumed by the general public and is not as stigmatized as cannabis use'.³² Methodologically, the Rapid Situation Assessment shows some difficulties with the snowballing method. Apart from the study by Bisika *et al* (2004), a few other studies were found which looked at alcohol and drug use in Malawi. A study looking at causative and intervening factors of harmful alcohol consumption and cannabis use in Malawi was conducted by Peltzer in 1989.³³ The study observed that alcohol consumption was particularly high after pay-day, that people tended to drink more at this time of the month and would buy more expensive alcohol such as Carlsberg and Chibuku. The causes of alcohol consumption given were divided into different dimensions. These included the authority dimension (lack of a figure of authority, vague hierarchy in family and feelings of inferiority), the group dimension (bad influence and problems fitting in/coping with peer demands) and the body-mind-environment dimension (unemployment, loss of job, low income, poverty; people drink/smoke to get physical and mental/emotional strength to deal with problems in their lives). Causes such as feeling of inferiority coping with peer demands, getting physical and moral strength are clearly related to masculinity perceptions presented earlier in this chapter. MacLachlan *et al* (1998) examined the perception of the social aspects, triggers and effects of chamba use among 44 male and 10 female psychiatric patients at Zomba Mental Hospital and gave interesting results that might be related to both masculinity and alcohol use. They found that chamba is no longer used primarily as a traditional drug (in

³¹ These percentages roughly reflect the religious composition of the Malawian population, not the teaching of the respective religions on alcohol.

³² T. Bisika, T. Konyani, and I. Chamangwana, *Rapid Situation Assessment of Drug Abuse and HIV and AIDS in Malawi*, Zomba: Center for Social Research, University of Malawi, 2004 p. 22.

³³ K. Peltzer and P.O. Ebigbo, "Causative and Intervening Factors of Harmful Alcohol Consumption and Cannabis Use in Malawi," *The International Journal of the Addictions*, 24(2), 1989, pp. 79-85; S. Carr, A. Ager, C. Nyando, K. Moyo, A. Titeca, and M. Wilkinson, "A Comparison of Chamba (Marijuana) Abusers and General Psychiatric Admissions in Malawi," *Social Science and Medicine*, vol. 39, no. 3, 1994, pp. 401-406; F.C. Pampel, "Patterns of Tobacco Use in the Early Epidemic Stages: Malawi and Zambia," *American Journal of Public Health*, vol. 95, no. 6, 2005, pp. 1009-1015; M. MacLachlan, R.C. Page, G.L. Robinson, T. Nyirenda, and S. Ali, "Patients' Perceptions of Chamba (Marijuana) Use in Malawi," in *Substance Use and Misuse*, 33(6), 1998, pp. 1367-1373.

traditional rites and ceremonies), but is now used in occupational, medicinal and recreational settings. Seventy five per cent of the respondents believed that chamba use was problematic because of its physiological effects (coughing, sickness, 'sorry sight', disrupted concentration, impaired mental acuity and 'going mad') and behavioural consequences ('selling the shirt off your back', 'stealing and legal difficulties, familial discord, infidelity', 'it makes you beat up your wife', and 'it makes people drink alcohol to excess').³⁴ Some elements of these findings can be attached to masculinity perceptions and also influence HIV and AIDS in many ways.

A study examining demographic and socioeconomic patterns of tobacco use in Malawi and Zambia in the period 2000-2002,³⁵ using data from demographic and health surveys in the two countries, found that it was more common for tobacco users to drink alcohol, and that men who smoked paid for sex more often. Studies on gender based violence give some indications of masculinity indicators. Men's interpretations of the causes of gender based violence were: misunderstandings and disagreements (27%), followed by alcohol and chamba (18%), men considering themselves to be superior (8%) and poverty or unemployment (7%).³⁶ All these studies indicate that men who drink alcohol tend to engage in risky behaviour such as smoking and sexual violence that can relate to HIV and AIDS. Apart from these studies, a recent study on violence and abuse against women with disabilities in Malawi, found that the most common type of abuse experienced by that group of women was sexual abuse.³⁷ In such cases men seduced them and told them that they were going to marry them, but when the women fell pregnant, the men left, and the women ended up as single mothers. Furthermore, some of the women said that more and more people in Malawi use drugs and alcohol, and when men do this they often become aggressive and violent and can easily abuse women. Apart from risky behaviour associated with masculinity, there are a number of socio-cultural beliefs associated with being masculine that might have connections with the spread of HIV and AIDS. It is seen as a cultural norm that men have an upper hand in sex

³⁴ M. MacLachlan, R.C. Page, G.L. Robinson, T. Nyirenda, and S. Ali, "Patients' Perceptions of Chamba (Marijuana) Use in Malawi," in *Substance Use and Misuse*, 33 (6), 1998, pp. 1367-1373 [1369].

³⁵ F.C. Pampel, "Patterns of Tobacco Use in the Early Epidemic Stages: Malawi and Zambia, *American Journal of Public Health*, vol. 95, no. 6, 2005, pp. 1009-1015.

³⁶ K. Peltzer and P.O. Ebigbo, "Causative and Intervening Factors of Harmful Alcohol Consumption and Cannabis Use in Malawi," *The International Journal of the Addictions*, 24(2), 1989, pp. 79-85. .

³⁷ Marit Hoem Kvam and Stine Hellum Braathen, "Violence and Abuse against Women with Disabilities in Malawi," *Sex Abuse*, 20(1), 2008.

decision making³⁸ and in some societies it is a commonly held notion that ‘real men’ are those with multiple sexual partners. These and similar notions are an obvious risk factor, particularly to the masculine gender. Arguably alcohol consumption (especially heavy alcohol consumption) is a predominantly masculine phenomenon in Malawi.

Yolanda Coombes (2000) shows the widespread inequalities between men and women and harmful cultural practices related to Sexual and Reproductive Health in Malawi. Though uptake of interventions is high, understanding of the relationship between masculinity, alcohol, and HIV/AIDS remains low. Several social factors that impact on Sexual and Reproductive Health and HIV/AIDS problems related to masculinity and alcohol that need to be addressed.

Apart from these studies few data concerning masculinity, alcohol use and HIV and AIDS in Malawi is available. Ultimately, this justifies the need to conduct similar studies so as to draw relevant information that can guide policy and HIV and AIDS programming. In all these studies that have been conducted in Malawi, linkages between masculinity and HIV and AIDS can be deduced. Although it is not easy to deduce a coherent picture, generally it seems that masculinity, alcohol and HIV/AIDS may be linked in a vicious circle with both multi-causal chains and feed back loops.

In general, these studies show that alcohol is a risk factor to HIV transmission and that it is logical to draw the masculinity-alcohol-HIV/AIDS relationship, which might be significantly contributing to the HIV and AIDS prevalence among adult males and their wives or other sexual partners. These linkages are explored in the latter chapters of this book. The question that might be of relevance at this juncture is: ‘what legislation or institutions does the country have with regard to masculinity, alcohol and HIV/AIDS problems?’

3.3 Legislation and institutions with regard to masculinity, alcohol and HIV/AIDS in Malawi

Legislation related to behaviour that may arise as a result of masculinity perceptions or alcohol use in Malawi is embedded in a number of frameworks on drugs control, the constitution and the penal code. In this regard, Malawi has signed various drug control and prevention conventions in the African sub-region and globally, including all the United Nations Drug Control Conventions: The 1961 Single Convention on Narcotic Drugs; the 1971 Convention on Psychotropic Substances and the 1998 Convention Against Illicit Trafficking of

³⁸ This is confirmed by Chimwemwe Kalalo, "Women's Sexual and Reproductive Health in the Context of HIV/AIDS: The Involvement of the Anglican Church in the Upper Shire Diocese in Southern Malawi", MA, University of Malawi, 2006 (forthcoming).

Narcotic and Psychotropic Substances; and the SADC Protocol to combat illicit drug trafficking in the region. Furthermore, the Government has established an Inter-Ministerial Committee on Drug Control (IMCDC), led by the Ministry of Home Affairs and Internal Security. The committee prepared a National Drug Control Master Plan (2005-2009), outlining the direction of Malawi's drug control efforts in the period of 2005-2009. IMCDC has also developed a Drug Control Policy where alcohol is treated as one of the main drugs, with its main goal to create a society free from drug abuse. Furthermore, the committee has developed a Drug Abuse Bill, which addresses weaknesses in Malawi's current legal framework, and proposes stiffer penalties for drug offences, in line with UN conventions and other protocols in relation to drug production, abuse and trafficking. Unfortunately, all these strategies are mainly geared towards other perceived detrimental drugs such as chamba and cocaine and not necessarily towards alcohol. In terms of implementation, the Malawi Police Force has a unit known as the Dangerous Drugs Section, which was established in 1971 to detect any drug trafficking. Malawi has one major treatment facility for drug abuse at Zomba Mental Hospital, as well as two units with psychiatric beds at one hospital in the north of the country and one hospital in the centre of Malawi. In addition, there are a number of NGOs working in the area of treatment and rehabilitation of drug abusers. These include: The Samaritans and Chisomo in Blantyre, Youth Net in Zomba, and St. John of God in Lilongwe under the Christian Health Association of Malawi (CHAM).³⁹

With regard to HIV and AIDS, during the close of the 1990s, the government developed a number of key strategic documents to guide the responses to health and related population issues. Some of the documents are: the Malawi National Health Plan (1999-2004), the National HIV and AIDS Strategic Framework, Agenda for Action (2000-2004), the National Reproductive Health Strategy (1999-2004) and the Sexual and Reproductive Health Policy. For a review of the HIV/AIDS picture, the reader may wish to consult other reports.⁴⁰

According to the World Health Organization, prevention initiatives must identify key patterns of alcohol use and sexual risk behaviours (e.g. the acceptance of alcohol as a facilitator for sex or conceptualizing drinking as an expression of masculinity) and address underlying notions of risk (e.g. masculinity indicators) to foster behaviour change. Strategies to address this problem may include; sound policy, prevention education in treatment facilities or high-risk

³⁹ T. Bisika, T. Konyani, and I. Chamangwana, *Rapid Situation Assessment of Drug Abuse and HIV and AIDS in Malawi*, Zomba: Center for Social Research, University of Malawi, 2004.

⁴⁰ Malawi National AIDS Commission, *Sentinel Surveillance Report*, Lilongwe: NAC, 1999; Malawi National AIDS Commission, *A National Estimate of HIV/AIDS in Malawi in 2003*, Lilongwe: NAC, 2003.

sites such as bars, nightclubs, and guesthouses, among others.⁴¹ Detailed strategies are presented further down in this book.

Finally it is important to mention that masculinity issues can not be exhausted in a small study like this. For detailed literature the reader is referred to numerous publications and reports.⁴²

3.4 Policy gaps

The World Health Organization ranks alcohol as number five among risk factors for premature death and disability.⁴³ With globalization the alcohol industry is looking for new markets, using aggressive marketing tactics to reach them. These include adverts targeting university college students and packaging alcohol in different amounts and sachets to make it more affordable to low-income groups, etc. Nations with weak economies and new, unstable democracies are poorly equipped to deal with the problems caused by alcohol at different levels of society. Poor countries such as Malawi often lack sound alcohol policies to protect their citizens from the aggressive marketing and sales tactics of the alcohol industry. In a number of Sub-Saharan African countries including Malawi, the beverage industry has greatly influenced alcohol policy formulation thereby shaping it to their own advantage. Such activities have resulted in industry-oriented draft national alcohol policies in some countries. The International Centre for Alcohol Policies (ICAP) in Washington seems to be behind this regional effort in Southern Africa, backed by SABMiller, Carlsberg and other alcohol producing companies.

The industry alcohol policy activities have been conducted in Malawi, Uganda, Lesotho, Ghana, Swaziland, Namibia, Botswana, South Africa and Zambia, and possibly other countries. A critical analysis of alcohol industry policy proposals shows that they are on the wrong track in a number of ways:

- The policy drafts ignore the international evidence base on alcohol prevention developed by independent alcohol researchers working on behalf of the World Health Organization.

⁴¹ World Health Organization, *The World Health Report 2005*, Geneva: WHO, 2005.

⁴² Some such reports are: K. Bassi, 'Acting like Men: Gender, Drama, and Nostalgia in Ancient Greece', *Classical Philology* 96 (2001), pp. 86-92; Lane Strate, "Beer Commercials: A Manual on Masculinity", in: *Men's Lives*, Kimmel, Michael S. and Messner, Michael A. eds., Allyn and Bacon. Boston, London: 2001, pp. 505-514; S. Arran, "Health and the Social Construction of Masculinity in Men's Health Magazines." *Men and Masculinities*; 7:1, 2004, pp. 31-51; P. Andersson, *Global Hangover: Alcohol as an Obstacle to Development*, IOGT, Swedish IOGT-NTO, 2008.

⁴³ P. Andersson, *Global Hangover. Alcohol as an Obstacle to Development*, IOGT, Swedish IOGT-NTO, 2008.

- Industry proposals fail to adopt a public health approach to alcohol problems. They rather narrowly blame the drinkers and prioritize interventions that affect individual problems of drinkers.
- The text of the policies emphasizes the acceptability and the economic role of alcohol rather than public health and safety considerations.
- The policies promote ineffective self-regulation at the expense of government regulation of marketing and advertising of alcoholic beverages. Neither do they address numerous proven governmental policies to address public health harm from alcohol use.
- The proposed policies would inappropriately enshrine “active participation of all levels of the beverage alcohol industry as a key partner in the policy formulation and implementation process.”
- The ICAP proposals are not designed for the situation in the Sub-Saharan region and the individual countries; neither do they recognize the special needs of the developing world.
- The various draft policies are virtual carbon copies of each other.
- The industry documents propose laudable, but resource intensive, interventions related to education, information, treatment etc without taking into account the health, police and education costs of carrying these out.
- Contrary to industry claims, the proposed policies are not the result of broad national consultative processes. They represent a “one size fits all” formula created by and for the alcoholic-beverage industry.
- Responsibilities often are fragmented among different departments and agencies. A need exists for bringing conceptual order to alcohol policies by considering the main interests of the state and their main tasks with regard to alcohol related problems.⁴⁴

3.5 Towards a better policy

Review of literature evidence suggests that effectiveness of alcohol control policies should include government interventions in the market for alcohol beverages aimed at reducing alcohol related harm. Such policies can regulate the product, the provider or seller, the conditions of sale, and who may purchase or consume. There is good evidence that specific alcohol control measures can reduce such adverse social and health consequences like domestic and other violence, HIV and AIDS traffic and other casualties, and liver cirrhosis and other chronic health conditions.

Alcohol control measures for which there is good evidence of effectiveness in reducing harm include alcohol taxes, minimum drinking age laws, restrictions on the hours, days and conditions of sale, restrictions on the number and location of outlets, enforced rules against serving the intoxicated, and rationing.

⁴⁴ FORUT, Alcohol and HIV/AIDS - possible connections. [www.http://](http://www.forut.org/)13 October, 2008.

Specific structures for alcohol control, such as government retail monopolies and alcohol licensing and control agencies, are efficient means for implementing these measures. Alcohol control measures are not in themselves an adequate alcohol policy, but they have an important role in such a policy. Finally it is suggested that public information about the association between drinking and negative effects on others may serve to increase support for alcohol controls.

Possible interventions to reduce alcohol use have been discussed by some studies. Peltzer suggests that interventions may include stricter laws (like restrictions on the brewing of *Kachasu*) and more law enforcement, using relatives as good role models, employers making stronger demands on the workers, using peers and partners as good role models and good influence, and that interventions should have an impact on the personality and life style of the traditional drinker. Peltzer further argues that "intervention strategies at social and community level are no longer effective in the transitional Malawian society."⁴⁵

While interventions focused on reducing alcohol misuse are helpful, they alone may not address the underlying socio-cultural context, personality, situational and structural factors that all influence patterns of risk behaviour. Interventions that target potentially high risk sites, where excessive alcohol consumption may increase the likelihood of unsafe sex or sexual contact with multiple partners, can provide a unique opportunity to strengthen HIV/AIDS prevention activities.

In summary, masculinity, alcohol and HIV/AIDS are linked in a vicious circle. In many cases the linkages may be community specific and may be influenced by a number of factors such as religion, education, ethnicity and economic status. The general consensus seems to show that risky patterns related to masculinity may overlap with risky patterns of drinking to compound the problem of HIV and AIDS.

It has become very clear that alcohol and its abuse contribute to the spread of HIV and AIDS, that alcohol boosts the development of HIV/AIDS and that it reduces the effects of medical treatment. How conceptions and misconceptions of masculinity interact with alcohol and through it contribute to the spread of HIV/AIDS need to be explored. To tackle the relationship between masculinity, drinking and HIV and AIDS, interventions must consider individual and group perceptions and expectations surrounding alcohol use and sex in the context of the broader socio-economic conditions that simultaneously influence risk behaviour.

⁴⁵ K. Peltzer and P.O. Ebigbo, "Causative and Intervening Factors of Harmful Alcohol Consumption and Cannabis Use in Malawi," *The International Journal of the Addictions*, 24(2), 1989, pp. 79-85 [84].

Chapter 4

POLICY AND REGULATORY FRAMEWORKS ON ALCOHOL IN MALAWI

4.1 Introduction

There is consensus that alcohol consumption plays various roles in terms of its social and economic contribution to the country. Furthermore, there is recognition that alcohol, when misused, poses serious risks such as getting involved in risky sexual activity, leading to psychological problems, ill health, and traffic accidents.¹

This calls for governments to have keen interest in instituting regulatory frameworks in attempts to make alcohol consumption safer by reducing its consequences. There is empirical and anecdotal evidence pointing to the effectiveness of such frameworks in different countries.

This chapter attempts to explore whether Malawi has a national alcohol policy, and if so, analyze the policy content. Experiences from other countries are also cited so as to draw lessons for Malawi where possible.

4.2 Regulatory frameworks – the global perspective

Recognizing that alcohol consumption, especially in large amounts, poses health risks and social risks to the drinker and those around him/her, provides the justification for alcohol related regulatory frameworks. The ultimate need therefore is to prevent or at least to minimize alcohol related risks. There has been consensus along this line of argument the world over. For example, the World Health Organization (WHO) and its Europe region have regional frameworks on alcohol aimed at offering protection from alcohol related risks owing to the fact that Europe has the highest per capita alcohol consumption.²

A similar trend is observable in Africa where most African countries are high ranking in per capita alcohol consumption according to WHO. For example, Swaziland, South Africa, Botswana and Tanzania are ranked 29th, 47th, 80th and 82nd respectively in terms of per capital alcohol consumption according to

¹ World Health Organization, *The World Health Report 2005*, Geneva: WHO, 2005; World Health Organization, *The World Health Report 2004*, Geneva: WHO, 2004.

² World Health Organization EURO, Copenhagen, 2001 (EUR/01/.5017227.).

the WHO global report on alcohol.³ Malawi is only ranked 135th in the world with a per capita alcohol consumption of 1.44 litres because local brews are excluded from the WHO statistics.

Empirical and anecdotal evidence exists on the availability of regulatory frameworks related to alcohol consumption and associated aspects in some African countries. Botswana, for example, has recently instituted an alcohol regulatory framework that provides for the closing of alcohol drinking places by 22:00 hrs, the restriction of alcohol consumption to people of 18 years of age and above, and the prohibition of drink driving.

4.3 Implications of not having a regulatory framework

Having no regulatory framework would result in an increase of alcohol related problems which include:

- many young people engaging in alcohol abuse leading to social and health problems as they advance in age, considering the long term effects of alcohol consumption
- many accidents due to drink driving thus posing risks to the drinker and others
- social problems such as domestic violence and violence in drinking joints
- disintegration of families due to the socioeconomic problems brought about by heavy drinking
- increased risky behaviours such as unsafe sex practices due to drunkenness

4.4 Alcohol regulatory frameworks in Malawi

As outlined in the introductory part of this chapter, the study was also designed to find out the existence of regulatory frameworks for alcohol consumption in Malawi. Furthermore, it was intended that any existing frameworks pertaining to alcohol consumption be analyzed in terms of content and implementation, and that special attention be paid to any links with issues of masculinity and HIV and AIDS. The next sections proceed with this line of approach.

The study found out that there is presently no national alcohol policy in Malawi, though there are currently efforts being made to come up with a national alcohol policy, which is only a draft. While the national alcohol policy is currently nonexistent, certain regulatory measures are in place, particularly in prevention of drink driving. The road traffic act of Malawi that spells out the maximum acceptable blood alcohol levels for those driving is a case in point.

³ World Health Organization, *The World Health Report 2004*, Geneva: WHO, 2004.

4.5 Key issues in the Draft Malawi National Alcohol Policy

The main objective of the Malawi National Alcohol policy “is to prevent and minimize alcohol-related harm to individuals, families and communities in the context of developing safer and healthier patterns of drinking.” To achieve this, six key thematic areas have been identified under which policy statements are made to attain the specific objectives under each key policy area focus.⁴

- Intoxication
- Public safety and amenity
- Health impacts
- Patterns and availability
- At risk populations
- Research

It is now important to briefly focus on key policy statements on each of the key thematic areas of the policy.

4.5.1 Intoxication

Within this policy, intoxication is defined as “a condition that follows the use of a psychoactive substance, resulting in disturbances in the level of consciousness, cognition, perception, effect or behaviour, or other psycho-physiological functions and responses.”⁵ This is considered the first priority of the policy. The intention is to achieve a reduction of intoxication and alcohol misuse among the alcohol consuming population. Various measures are stipulated to achieve this:

- Increase public awareness and understanding of the extent and impact of intoxication
- Implement strategies to reduce the outcomes of intoxication and associated harm in and around licensed premises
- Improve licensee’s compliance
- Improve the enforcement of liquor licensing regulations
- Increase awareness of management of intoxication by healthcare workers and law enforcement
- Increase public awareness and understanding of the extent and impacts of intoxication

⁴ Government of Malawi, Malawi National Policy on Alcohol, Draft report, Lilongwe, 2007.

⁵ Ibid.

4.5.2 Public safety and amenity

Considered priority two of the policy, this key area aims at enhancing public safety and amenity. Interestingly, under this key area there is a special focus of the need to address drink driving and alcohol related disorders.

The general measures the policy states should be put in place include:

- Prevent and reduce alcohol-related injuries through, among others, the following specific measures; reviewing Blood Alcohol Content (BAC) among drivers, investigating the current evidence base to reduce alcohol-related injury.
- Develop and communicate best practice guidelines on “safer” drinking establishments.
- Develop and communicate best practice guidelines on (1) creating partnerships between the enforcement agencies, the alcohol retail sellers and the community; (2) management of alcohol related issues at public events and in the work place and (3) harm minimization and health promotion where alcohol related harm occurs.

4.5.3 Health impacts

This aspect represents the third priority of the Malawi National Alcohol Policy. The policy intentions in this area are based on the recognition that alcohol, especially when taken in large amounts, results in different health problems. Under this priority area the policy objectives are twofold:

- disseminating information on strategies for reducing harm associated with the misuse of alcohol
- developing a national plan ensuring that evidence-based assessment and treatment services for alcohol misuse and dependence are available in urban and rural Malawi

To achieve the set policy objectives in this area, the policy states various measures, the general ones being:

- Initiate a national effort to enhance the capacity of the health care and related professions in addressing alcohol-related health problems.
- Promote primary care settings as an accessible and non-stigmatizing opportunity for health promotion, prevention and treatment of alcohol use problems.
- Improve capacity and encourage a system-wide health response to people at risk of short-term and longer-term alcohol-related health problems.
- Initiate a comprehensive programme to reduce harm from illicit alcohol.

4.5.4 Patterns and availability

The fourth priority area of the policy focuses on three distinct policy objectives namely to;

- Develop and implement a transparent self-regulatory system by the alcohol beverage industry.
- Develop and implement a coordinated public education campaign which encourages moderation and targets those drinking patterns which have been shown to increase the risk of harm.
- Educate the public about the harm arising from alcohol misuse.

The policy further states measures that should be put in place to attain the objectives under this priority area. The ones stated below include the general measures with specific intervention areas under each one. They include:

- Undertaking research into the physical availability of alcohol in terms of trading hours at drinking joints. These should be appropriate, specific sanctions should be in place and they should be adequately enforced.
- Alcohol adverts should adhere to specific standards, discouraging high levels of alcohol consumption and encouraging moderate alcohol consumption. Messages discouraging underage consumption should always be included in alcohol communication, and no promotion should target those under 18 years of age.
- Develop and implement education and awareness campaigns to reduce alcohol-related harm.
- Develop a shared vision for long-term pattern change with the aim of reducing alcohol related harm and developing safer and healthy drinking cultures.

4.5.5 At risk populations

The fifth priority recognizes that alcohol consumption poses more significant risks to some population groups than others; hence it stipulates the need to target these sectors of the population. The policy objectives in this area stipulate the need to establish comprehensive approaches and plans to prevent underage drinking, reduce alcohol misuse by pregnant women and other risk population groups and instituting age appropriate alcohol education among school children. The general policy measures to achieve these policy objectives include the following:

- Collecting detailed information on underage drinkers and pregnant women and other at risk population groups so as to generate evidence and strategize on interventions.
- Establish marketing and communication standards around young people to ensure prevention of underage drinking and alcohol harm.
- Establish programmes and produce material to educate various stakeholders such as health professionals, religious leaders or teachers on how to effectively assist those at risk.

4.5.6 Research

The sixth priority area recognizes the relevance of research. The policy objectives in this area spell out *intentions* of developing a national plan for ensuring that *evidence-based assessment of prevention and treatment services* for alcohol misuse and dependence are available in Malawi. Further to this, reliable data should be available to inform strategies as enshrined in the policy.

One distinct policy measure underlines the need for a comprehensive range of research to develop an understanding of the role of alcohol in our society and of the extent of alcohol related harm.

4.6 An overview analysis of the Malawi National Alcohol Policy

As observed earlier in the chapter, Malawi does not have a national alcohol policy. This study should have conducted a rather detailed analysis of that policy in relation to masculinity, alcohol and HIV/AIDS and their interrelatedness. This can not be done considering that the policy is in draft form. Nevertheless, a brief analytical observation will be made on the draft policy as it may in the long run help in shaping the final document, and that it will include issues raised in this study. Four aspects will be analyzed: context, content, process and actors. In addition the gaps will be pointed out.

4.6.1 Context

Context represents the general environment in which the policy exists. It is often argued that policies need to be developed in consideration of the general and specific issues associated with the environment in which they will be implemented. In this regard, it can be said that the draft national alcohol policy for Malawi has considered its context though not to a great degree. It acknowledges the existence of illicit alcohol consumption, paucity of data on alcohol amounts, that alcohol helps in the country's economy and that it plays a part in social networking.

Gaps

However, as will be demonstrated later, contextual issues such as alcohol being largely consumed by males as a masculine attribute in Malawi, and different patterns of alcohol consumption (according to culture, tribe or district) have neither been explicitly pointed out nor addressed.

4.6.1 Content

The draft policy focuses on various issues of significance pertaining to alcohol consumption in Malawi. Discouraging underage drinking, proposing the need

to adhere to appropriate trading hours (though not specified), and the need for research are among the salient issues reflecting relevance of the policy content.

Gaps

However, the policy is falling short of acknowledging certain areas crucial to the socio-economic environment of Malawi. For example, while alcohol and alcohol serving places pose risk pertaining to HIV and AIDS, as will be shown argued later, the policy is silent on this. In the days when HIV and AIDS pose a great threat to the socioeconomic environment of Malawi, mainstreaming HIV and AIDS issues should constitute one of the key tenets of any national policy.

4.6.2 The Process

This aspect entails that the policy development and implementation are carried out in such a way that will promote policy effectiveness. Wide consultations and stakeholder involvement are two key issues in the policy process.

Gaps

Anecdotal evidence indicates that the alcohol producing industry initiated the design of this policy. Furthermore, there are indications that religious leaders and other stakeholders have not been involved either because they have voluntarily shunned the consultative meetings or have not been properly lobbied. Therefore a comprehensive view will not be represented at policy level and the policy may not have as much support as it should have to be effective. Considering that the alcohol producing industry has its own profit interests, a policy spearheaded by them might not aggressively address some key issues due to a conflict of interests.

4.6.3 Actors

Actors are all those stakeholders crucial to policy development and implementation. Among the ideals of policy development and implementation, it is argued that a comprehensive analysis of key actors is done so as to create effective partnerships throughout the policy process.

The draft policy acknowledges the role of various stakeholders at implementation level and sometimes defines the roles of each group of stakeholders such as health care professionals, law enforcers, religious leaders, the alcohol producing industry etc.

Gaps

In its present form, the policy has left out community structures such as Community Based Organizations (CBOs) and Faith Based Organizations (FBOs) which would be crucial to policy implementation at community level, especially in the rural areas.

4.7 Recommendations

In light of the discussions, the following recommendations are warranted;

- There is need for wider consultation and involvement in the development of the Malawi National Alcohol Policy considering that HIV and AIDS is a major public health challenge and that a link is emerging between alcohol and HIV and AIDS. It is important to explicitly state the policy position on alcohol in relation to HIV and AIDS. There is need to explicitly state the risky sexual practices sometimes associated with drunkenness under the public safety policy area.
- There is need for government to both take lead and ownership of the national alcohol policy. This is in recognition of the fact that government is in a better position to advocate for wider good than organizations and companies which must have vested interests.
- It is important to foster stronger partnerships at all stages from policy development to implementation.
- Salient points such as the minimum legal age to consume alcohol, acceptable trading hours, need for licensure for alcohol serving places, outlawing brewery of lethal alcohol types or even instituting a ceiling on alcohol percentage in beers should be explicitly stated; and, very important, this should be followed by stricter enforcement.
- There should be provisions of continuous monitoring and evaluation of policy strategies in order to inform potential changes in efforts to make the policy responsive to the changing context.

Chapter 5

MASCULINITY IN MALAWI

5.1 Introduction

The *Wikipedia* defines Masculinity as 'manly character'. Masculinity specifically describes men; that is, it is personal and human, unlike *male* which can also be used to describe animals, or *masculine* which can even be used to describe noun classes.¹ Masculinity brings social status, just like wealth, race and social class. In western culture, for example, greater masculinity usually brings greater social status. An association with physical and/or moral strength is implied. Masculinity is a characteristic of gender, not sex.² Masculinity is complex owing to its multidimensional nature; personality traits, physical appearance, role behaviours—and how these relate to each other—all this makes up masculinity.³ The understanding of masculinity may differ between groups of people and within one group, and is transmitted through the process of cultural socialization. Men are by instinct aware of masculinity and therefore would like to fit into the picture, using the 'coping with peer pressure strategy'. It is socially desirable for men to believe they are masculine, regardless of whether it is true by some objective standard or not. Otherwise, men fear damaging their self esteem should they feel a lack of masculinity.⁴

Based on this understanding, the present study uses both the men themselves and the perceptions of third parties, i.e. women and people selling beer, on masculinity characteristics and also on how they are affected under the influence of alcohol. Commercial sex workers are aware of the fact that men naturally display masculinity attributes, which sex workers take advantage of in order to earn money from the men. For example, men may want to enhance their masculinity by making women submissive to them during sex. Sex workers appear to respond deliberately to men's gestures of masculinity. In fact, to

¹ "Masculinity" in *Wikipedia*, accessed 6.10.2009.

² Jesse Krienert, "Masculinity and Crime: A Quantitative Exploration of Messerschmidt's Hypothesis." *Electronic Journal of Sociology*, 2003.

³ J.T. Spence, "Masculinity, Femininity, and Gender-related Traits: A Conceptual Analysis and Critique of Current Research", in B.A. Maher & W.B. Maher (eds.), *Progress in Experimental Personality Research* (Vol. 13). Orlando, FL: Academic Press, 1984.

⁴ Vicki Helgeson, "Prototypes and Dimensions of Masculinity and Femininity," *Journal of Personality and Social Psychology*, 53, (1994), pp. 727-733.

be an effective commercial sex worker one needs to be sensitive to masculine attributes of men for proper response to or manipulation of the man. This study suggests that “masculinity” is often linked to the ability to have multiple partners, imbibe alcohol and engage in promiscuous behaviour. Men, therefore, become ‘the catch’ for the commercial sex workers.⁵

5.2 Research findings on masculinity

5.2.1 Men's perceptions of a "real man"

In Malawi, the perceptions of an ideal or real man vary between men who take alcohol and those who don't. In a questionnaire, nine "masculine" attributes were offered, and a tenth slot was provided for additional "masculine" attributes.⁶ Multiple selection was possible, so that 79 respondents ticked 117 masculine attributes.⁷ Table 5.1 shows the accumulated selections. There is agreement between the two groups that the foremost masculine attributes are to work hard and to support the family (75% non-drinking 56% drinking). There is also agreement that the "real" man should "rule the family" (15/13%), which can be understood either in an oppressive or in a supportive way. The difference in

Table 5-1 Men's perceptions of an ideal or real man (n=79)

Perceptions of an ideal man by men	Those who drink beer		Those who do not drink beer	
		%		%
Is able to support the family	25	29%	13	41%
Is a hard worker	21	25%	7	22%
Skilled	2	2%	4	13%
Rules his family	13	15%	4	13%
Has several partners	12	14%	2	6%
Is initiated	3	4%		
Presides over sexual decisions	2	2%		
Is rich	3	4%		
Drinks alcohol	4	5%	2	6%
Total	85	100%	32	100%

⁵ Here this study agrees with FORUT, Alcohol and HIV/AIDS - Possible Connections. <http://www.forut.org.mw/> 13 October, 2008.

⁶ This option was not chosen as the 79 respondents seem to have restricted their imagination to filling in the questionnaire.

⁷ Multiple selection was almost always found on the side of the men drinking alcohol.

"masculinity perceptions" shows that drinking men tend more to define sexual prowess as a crucial attribute of masculinity (20/6%). To the drinking men's 20% the 5% defining being rich could be added, as the implication may well have been that such men are rich to spend on women and alcohol.

Interesting is that the few responses that define "drinking beer"⁸ as a masculinity attribute come from either side (5/6%). This poses the question if the two non drinkers stated their own conviction or what they considered to be the correct answer required. Though the results on "drinking beer" as a masculinity attribute are not conclusive, the results on multiple sexual relations are so.

5.2.2 Concepts of masculinity among men

Besides assessing men's perception of the "real" man's characteristics through a questionnaire with pre-formulated answers, an attempt was made to inquire what "masculinity" means to men. All participants supported the idea that man is the *decision maker*. This statement was supported by all men who do not take alcohol and by 64% of those who do. Of those who take alcohol, 18% expressed that masculinity means supporting the family. This is an answer closely related to the concept that the man is the decision maker. Only 8% include alcohol and sex in their concept of masculinity compared to 21% in the survey of the concept of the "ideal" man. Surprisingly, the role of man as head in the

Table 5-2 Men's understanding of masculinity (n=76)

Men's understanding of masculinity	Men who drink	(%)	Men who do not drink	(%)	Total	(%)
Man is the one who is able to make sound decisions	31	63.7	27	100	58	76.3
Masculinity is the ability to support one's family	9	18.4	0	0	9	11.8
Masculinity means being sexually active, taking alcohol and being hard working	4	8.2	0	0	4	5.3
Masculinity is being male or the perception of being drunk	4	8.2	0	0	4	5.2
Man is the head of the family	1	2.0	0	0	1	1.3
Total	49	100	27	100	76	100

⁸ In a number of contributions "beer" stands for alcoholic drinks in general.

family was not a prominent attribute of masculinity in this survey. This is perhaps because men want to give the impression that they respect gender equality and should not appear to be dominant. These perceptions of masculinity did not differ according to educational level, marital status and age group.

Slight differences among ethnic groups were expressed on the understanding of masculinity among men, but numbers were too small to draw any valid conclusions. The only mention that man is the head of the family is from a Tumbuka, which perhaps correlates to the fact that among the Tumbuka man is highly regarded as head of the household. The husband is addressed as *Fumu* by his wife, which connotes high esteem as it literally means 'Lord'.

A further inquiry from 108 men who drink alcohol and 42 who don't, shows that the principal indicators of masculinity for men who do take alcohol were strength, hard work and having cash (each 17.6%)⁹ followed by good behaviour and related positive characteristics (35.2%), with only 7.6% of the answers associating masculinity with bad behaviour, beer and sexuality. While for drinking men the first attitudes of strength, hard work and having cash reach 55.6%, for non drinking men the same qualities reached 88%. The other 12% were ascribed to other attributes of good behaviour.

Regardless of taking alcohol or not, men are fully aware of the male image in society. The main difference is that men who do not drink differ with the belief that men should drink beer, or bear male children, or marry more than one wife. Perhaps, those who drink beer justify these rather harmful precedents by the idea that men are independent thinkers and can do as they wish.

5.2.3 Masculinity attributes as perceived by commercial sex workers

It is to be expected that what sex workers see as male attributes differs from how men see these. 69.4% of the attributes listed have to do with cash, alcohol and sex (marked bold in the table below). The most prominent attributes are that a man is "rich and has cash" (16.3%) and that he drinks beer (10.2%). To make this possible, he must be "working" (be employed), which attracts 8.2% of the choices. Only 30.6% of the answers depict positive masculine values, compared to 100% for the men who do not drink and 91% for those who do.

Another study was undertaken to elicit from commercial sex workers opinions about what they perceive as indicators of masculinity. Due to numerous indicators of masculinity and the few corresponding responses, the statistical differences by district, age, educational level, culture, and religion were not calculated. Responses were recorded by district, but since they show no relevant

⁹ To "having cash" 2.8% could be added for those who ticked "financially independent".

Table 5-3 Commercial sex workers' perception of masculinity (n=32)

Masculinity attributes	Total responses	Percent (%)	Percent (%)
Rich and has cash	8	16.3	
Drinks beer	5	10.2	
Working	4	8.2	
Does not beat wife	3		6.1
Does not drink beer	2		4.1
Takes good care of his family	2		4.1
Married to one wife	2		4.1
Able to entice women into having sex	2	4.1	
Big lips and handsome	2	4.1	
Able to perform in bed	2	4.1	
Able to reproduce, not ' <i>Gojo</i> '	1	2.0	
Ability to have more children	1	2.0	
Able to ejaculate fast during sex	1	2.0	
Shows feelings for the opposite sex	1	2.0	
Able to perform in bed	1	2.0	
Tall	1	2.0	
Dancer	1	2.0	
Muscular	1	2.0	
Able to control emotions when drunk	1	2.0	
Should not be driven by alcohol	1	2.0	
Well dressed in men's wear	1	2.0	
Independent and self reliant	1		2.0
Cultured	1		2.0
Should not be driven by alcohol	1		2.0
Hardworking man	1		2.0
Respectful	1		2.0
Self reliant and educated	1		2.0
Total	49	69.0	30.4

patterns, they are not reproduced in this book. The overall result is similar to that of the first inquiry. There 69.4% of the attributes were about money, sex and beer, in this study of indicators it is 70%.¹⁰ The descriptions of masculinity differ between the two inquiries, but even in the second table money (12.7%), beer (7.9%) and love (7.9%) dominate, and 16.2% of the responses explicitly

¹⁰ It must be admitted that some indicators can be counted on either side, like "loving" and "well dressed".

describe sexual prowess. These results further substantiate the observation that among commercial sex workers, masculinity is chiefly ascribed to the man's sexual appeal supported by the necessary earning power and strengthened by alcohol consumption.

5.2.4 Alcohol sellers and masculinity

High on alcohol sellers' perception of masculinity is that real men should drink beer (16.7%), though this is eclipsed by their claims that the ideal man cares for

Table 5-4 Understanding of masculinity attributes by experts

Physical/ Emotional Attributes	Socio-economic attributes	Sexual/reproductive attributes
Man should be strong	Men who have high esteem of headship	It is the man who demands sex
Muscular body	The ultimate in the home	Sexually active
Brave	Leader in the home	
	Social constructs that guide male behaviour:	Men take the first place in decisions over sex
	Men are proposers	
	Can scavenge for more than one partner	
	Men are very secretive when they have problems, e.g. very low access to ART until they are actually taken for treatment when they are very sick	
	Men are poor health care seeker	
	Men are risk takers	
Deep voice	Have control over females	Anatomical and phys- iological difference from a woman
Hard worker	Bread winner	Sexually fit
	Secretive	Free to propose part- ner
	Able to give sound judgement	Ability to reproduce (not <i>gojo</i>)
	Sense of responsibility	Have more than one partner
	Decision maker in the household	

and supports his family (25%). Other alcohol sellers believe that a real man should be prayerful (8.3%), be married to one wife (8.3%), and should not drink beer (8.3%). As opposed to female commercial sex workers, being rich

and having cash (4.2%), ability to perform in bed (4.2%), as well as the attribute of love (4.2%) was not prominent indicators of masculinity for alcohol sellers.¹¹

5.2.5 Experts' opinion on masculinity

Health workers were interviewed at Mangochi, Chikwawa, Thyolo, and Lilongwe district hospitals, at Mlambe, and at private clinics. Leaders of youth organizations and social welfare officers were also interviewed. They understand and define masculinity in several ways. Experts' understanding of masculinity encompasses most of the perceptions of masculinity of men and commercial sex workers. This means that the experts do have a good basis for tackling issues of masculinity if programmes would be developed. The main weakness is the lack of deliberate programmes tackling masculinity related issues or to adequately integrate them into existing programmes. All experts interviewed admitted that they do not have specific programmes dealing with masculinity attributes that increase vulnerability of men to alcohol, drug abuse and HIV and AIDS, and related socio-economic problems.

5.3 Conclusions

Perceptions differ between different groups. Consumers of alcohol and non drinkers differ in their perceptions of masculinity (collectively and individually), and it is not astonishing that there are also differences with the perceptions of sex workers and alcohol sellers. But more important is that there is much overlap between the responses from different sides. In the responses from all sides of the spectrum there are two groups of attributes, which can be termed *attributes of responsibility* and *attributes of irresponsibility*.

Attributes of *responsibility* can be grouped around the man's responsibility, ability and willingness to care for his family. So a real and good man spends his hard earned cash at home, has only one wife, respects her and is prayerful.¹² He is also loving, caring, makes sound decisions and is still happy if he bears only female children. Such attributes of responsibility are very much promoted by non-drinking men. But drinking men, beer sellers and sex workers equally support these attributes, though it can be expected that their support for such attributes of responsibility somewhat less than that of non-drinkers.

Both groups agree in their support of these positive values, what makes them differ is the support of alcohol consumers, sellers and sex workers for the

¹¹ But it must be kept in mind that the sample (n=24) was small, so that the answers given may not reflect the whole reality.

¹² This attribute is even claimed by alcohol sellers who do all they can to turn men away from this habit.

masculinity attributes of irresponsibility defined through beer, sex and cash. Men with these masculinity attributes earn a lot, spend it (of course after fulfilling their male responsibilities at home) on alcohol and sex, and even when they are drunk they are perceived (and perceive themselves) as real men, though they may admit that in that state some of their masculinity attributes may be a little impaired.

These obviously contradictory attributes are held together by one male attribute: strength. Those who drink are strong in spending money, strong in drinking (and in the company of their equals) and strong in bed (and so in more than one). For non-drinkers strength is equally a masculinity attribute, but with them it is strength to earn money to support the family, to love one wife and to look faithfully after their own health.

The literature survey has shown many similarities to the situation in other countries and cultures where perceptions of masculinity are often as contradicting as they are in Malawi and where they show similarly dangerous capabilities.

The present research has not paid specific attention to the different ethnic groups in Malawi, but whenever locality and ethnicity were recorded, no statistically significant differences were observed. For the Ngoni as for the Yao, traditional culture strongly supports a man to have more than one wife, but promiscuity as an indicator of masculinity was equally strong among respondents from other ethnic groups. And while for most Yao alcohol is forbidden, Yao respondents equally counted "drinking beer" as an attribute of masculinity.¹³ Therefore, while it would be useful to still target remnant societies with unique masculinity understandings, the strategy at national level, especially in urbanizing areas, should be the same for all population groups.

These results suggest that female commercial sex workers' perception on masculinity is principally based on the cash that the man can transact with them in exchange for sex. These women are well aware that these transactions are facilitated by alcohol and that perhaps re-enforces their attribution of beer drinking to the male image.

5.4 Recommendations

The following recommendations are drawn from the research on and the discussion of masculinity.

- Campaigns to lobby for men's involvement in the fight against HIV and AIDS should try to convince them that society looks up to them, based on the

¹³ This is supported by the observation that many of the sex workers interviewed were Yao and that 16% of the sex workers claimed Islam as their religion. (In Malawi about 80% of the Yao are Muslims, and about 80% of the Muslims are Yao.)

understanding of masculinity, as leaders whose role is crucial to the success of programmes and efforts aimed at ending harmful practices that promote the spread of HIV and AIDS among all age groups. This should be a positive approach centered on the positive perceptions and roles of men at household and society levels.

- Programmes should aim at creating conducive fora for men where they can be enlightened on their role in minimizing harmful aspects of masculinity as related to alcohol and HIV and AIDS. That should, for example, be done during initiation ceremonies which are centred on ‘masculinity’.
- More efforts should be made to lobby for men’s participation in the transformation of traditional perceptions that perpetrate adverse masculinity. Masculinity should be approached as a social attribute, which allows the men to appreciate the possibility to change by fostering the positive attributes, as part of their being masculine. *"Men of character are not ruled by circumstances, but bend circumstances to their will."* (Martin Luther)

Chapter 6

MASCULINITY AND ALCOHOL

6.1 Introduction

There is a general consensus that the socio-cultural environment determines what constitutes masculine attributes. This includes perceptions related to alcohol consumption and sexual relations among several decision making aspects. Research evidence exists from elsewhere demonstrating the link between masculinity and alcohol. Having noted that masculinity is also a culturally defined aspect, it is important to note that the level of relationship between masculinity and alcohol will vary across cultures even in the same country. This chapter attempts to establish the link between masculinity and alcohol in the Malawian context, initially drawing a picture from global and regional contexts.

Research studies conducted elsewhere have demonstrated that there is a link between masculinity and alcohol. A World Health Organization cross-cultural study conducted in eight countries demonstrated the masculinity-alcohol link as it was found that alcohol use was regarded as ‘a construction of maleness’.¹ The same study found out that in South Africa ‘...being able to hold one’s drink and drinking heavily were regarded as a sign of masculinity’.² The South African example is of great interest for Malawi considering contextual similarities particularly in cultural terms. Another salient point worth noting from the study is the fact that being under the influence of alcohol was culturally acceptable as an excuse for risky behaviour including risky sex.

A presentation by Norwegian Church Aid at a workshop at the ecumenical pre-conference in Mexico also indicated drinking alcohol as an element of what determines masculinity.³ While focusing on the more positive attributes of male construction, Barker and Ricardo in their study of young men in Sub-Saharan Africa also point out that certain attributes like dominance over women and getting drunk are culturally acceptable as transition period rites from being a boy to becoming a man.⁴

¹ FORUT, Alcohol and HIV/AIDS - possible connections. www.http/=13 October, 2008.

² Ibid., p. 2.

³ Norwegian Church Aid, 2008.

⁴ G. Barker and C. Ricardo, *Young Men and the Construction of Masculinity in Sub-Saharan Africa: Implications for HIV/AIDS, Conflict and Violence*. Washington DC: World Bank, 2005.

Similarly, a research study conducted in London among young men of diverse ethnic backgrounds found associations between masculinity and alcohol as most young men were said to consume alcohol as a marker of masculinity.⁵ From this brief view of empirical evidence from elsewhere, it can be noted that a link exists between masculinity and alcohol consumption as alcohol consumption is regarded as an attribute of masculine identity. By extension, males would equally be said to be at risk of behaviours associated with alcohol consumption. In line with the evidence shown above, the study's hypothesis was that a similar masculinity-alcohol relationship exists in Malawi. Considering that the masculinity-alcohol relationship is culturally defined, it is now important to focus on Malawi and determine if the same perception is applicable in the local context.

6.2 Research findings

6.2.1 *Exploring the link between masculinity and alcohol*

This study does reveal a link between masculinity and alcohol. Content analysis from focus group discussions conducted nationwide indicates alcohol consumption as an attribute of masculinity. Five of the six focus group discussions conducted emerged with this response. For example, during a focus group discussion conducted in Karonga district, a considerable percentage of responses indicated that those men who do not take alcohol are regarded as not being 'men enough'. Furthermore, another focus group discussion cited that the Ngoni culture places great value on alcohol consumption by men thus directly showing what is socially expected of a Ngoni man. While not featuring as highly as attributes like being able to support one's family, alcohol consumption did emerge as a factor signifying masculinity. In this regard 8.2% had included alcohol consumption as an integral part of the masculine identity. It is important to note that responses linking masculinity to alcohol consumption came from all the regions, especially as noted in the Focus Group Discussions.

Interviews showed that 72% of all respondents agreed that there is a link between masculinity and alcohol while 28% did not see such a link. This high perception of an existing link between masculinity and alcohol supports earlier descriptions of alcohol consumption as an integral part of maleness. Respondents who had perceived an existing link were further asked what sort of link exists. The responses in this regard were mostly linked to other masculine attributes such as;

⁵ Richard de Visser and J.A. Smith, "Alcohol and Masculinity," *Journal of Substance Abuse Treatment*, 6 (2007), pp. 213-222.

- 'Men who drink are regarded as real men' (16.7%).
- Socio-cultural expectations of men to drink expose them to alcohol consumption (11.1%).
- Men have decision making powers and decide what to do with their money (11.1%).
- They are sexually active thus resort to drinking where they can easily find women and an excuse to sleep with them (11.1%).

6.2.2 Alcohol consumption and other masculine attributes

Having demonstrated that even in Malawi, alcohol consumption is largely considered as a masculine attribute, it is worthwhile to explore how alcohol consumption, as an indication of masculinity, impacts on other masculine attributes. Attributes of masculinity have been detailed in chapter five, and the study took the approach of determining the level of impact of alcohol consumption on the masculine identity.

From table 6-1 it can be noted that alcohol impacts differently on different attributes of masculinity. For example, while it reduces aspects like self confidence, decisiveness, interpersonal relationships, intellectual/logical thinking, competitiveness and physical strength, it also increases levels of risk taking, self confidence, not easily giving up, feeling of superiority and bravery. Thus it can be said that while an indicator of masculinity itself, alcohol consumption enhances as well as reduces different aspects constituting the masculine identity.

The implications for this will also be different but will eventually determine the course of men's behaviour. For example, it has been demonstrated that moderate to high levels in terms of sexual desire with alcohol influence account for about 60% of the responses. The obvious implication is that with limited self control and low thinking ability, these men would easily think of getting a sexual partner like female commercial sex workers who are usually available at alcohol serving places. Considering equally moderate to high levels of risk taking, together with low thinking capacity as a result of alcohol consumption, risky sexual activity, violence and aggression are easily pursued by men.

Not surprisingly, the study confirmed conventional thought that alcohol consumption among males compromised various aspects which have apparently emerged as masculinity attributes. For example, with excessive drinking, men land into both family problems such as inability to effectively support the family, and economic hardships like inadequate finances to meet personal and family demands (44.4%) or economic hardships alone (25.9%). Further analysis suggests that to a certain extent alcohol compromises attributes that also make up the masculine identity. This begs the question; to what extent is alcohol consumption regarded as a masculine expression, if it, in fact, sometimes times negatively impacts the very identity of masculinity such as family support?

Table 6-1 Impact of alcohol on masculine attributes

Masculinity indicator	Alcohol impact	Frequency (%)
Physical strength	Weak	59.6
	Moderate	14.9
	Strong	25.5
Bravery	Weak	23.4
	Moderate	27.1
	Strong	48.9
Sexually active	Weak	42.5
	Moderate	21.3
	Strong	36.2
Intellectual (logical thinking)	Weak	68.1
	Moderate	21.3
	Strong	10.6
Interpersonal relationship (leadership, dominance, independence)	Weak	36.2
	Moderate	38.3
	Strong	25.5
Feeling superior	Weak	39.0
	Moderate	17.1
	Strong	43.9
Never giving up easily	Weak	33.3
	Moderate	22.2
	Strong	44.5
Decisive	Weak	57.8
	Moderate	22.2
	Strong	20.0
Self confidence	Low	31.9
	Moderate	27.7
	High	40.4
Risk taker	Low	40.8
	Moderate	18.4
	High	40.8
Competitive	Low	53.3
	Moderate	17.8
	High	28.9
Aggression	Low	39.6
	Moderate	25.0
	High	35.4

While the study did not exactly pursue this line i.e. providing a pinpoint definition of what levels of alcohol consumption would be regarded masculine, anecdotal evidence suggests that socio-cultural definition of masculinity in relation to alcohol ends on consumption. The impression is that the degree and what happens afterwards is irrelevant to the expression of masculinity. However, this point is made with recognition that at a small scale the definition of a real man in relation to alcohol is linked to persistent drunkenness.

6.3 Conclusion and recommendations

The study has demonstrated a strong link between masculinity and alcohol. In line with the culturally embedded nature of the masculinity-alcohol relationship, the results further suggest that the socialization process is responsible for promotion of beer drinking as an attribute of masculinity. In view of this linkage, any strategies to deal with masculinity related issues also need to consider the alcohol aspect in a holistic manner.

The strategies to minimize drinking habits of men or associated behaviours should target behavioural change from early stages of development. This implies campaigns that can convince the elders in society who can transfer the conviction through the generations. It is more than putting messages on radio or TV. It is a long term approach where one needs to talk face to face with custodians of culture, customs and traditions right in the local communities.

Chapter 7

MASCULINITY AND HIV AND AIDS

7.1 Introduction

There is rising evidence that there is a strong link between concepts of masculinity and HIV/AIDS in Africa and worldwide. Since masculinity is a construct with different societal perceptions, most men feel pressurized to act masculine.¹ Some standards of masculinity cause stress on some men, which they try to cope with. Some of the coping strategies may lead to risky behaviour such as alcohol consumption and engaging with multiple partners. Such behaviour exposes men to HIV and AIDS as well as promotes its spread hence affecting women as well. There are also harmful cultural practices related to HIV and AIDS with widespread inequalities between men and women. This chapter relates to the findings narrowing down to the linkage between masculinity, as defined in this report, and HIV and AIDS, as defined by the World Health Organization in Malawi.²

7.2 Perceptions of men who do not take alcohol on the link between masculinity and HIV and AIDS

Good proportions (42.9%) of men who do not take alcohol were of the opinion that there is what may be termed a negative link between masculinity and HIV/AIDS. In their opinion, men overpower women on decisions over sex (33.3%), and men are culturally allowed to have extra marital relationships (33.3%). This combination of "attributes of masculinity" produces sexual desire, which, with judgment compromised by alcohol, leads to sex without condoms (16.7%).

However, it is worth noting that a majority (57.7%) expressed what may be termed a positive link between masculinity and HIV and AIDS, arguing that men are expected to be of good behaviour and therefore they will be reserved and not spread the HIV and AIDS pandemic. When men are busy either work-

¹ A. James Hammerton, *Cruelty and Companionship: Conflict in Nineteenth-Century Married Life*, London: Routledge, 1995.

² World Health Organization, *The World Health Report 2005*, Geneva: WHO, 2005.

ing or in business (19.2%), they have less time for socializing and less chances of contracting HIV and AIDS.

7.3 Perceptions of men who take alcohol on the link between masculinity and HIV and AIDS

As those who do not drink alcohol, the majority (54.7%) of drinking men agreed that there is a link between masculinity and alcohol, in that men overpower women on decision making (20.8%) especially over sex. Similar to non-drinkers, the men who take alcohol also linked men’s freedom to have several partners, their pre-eminence in decision making over sex (33.3%) and the power of alcohol to compromise their sense of judgement (47.2%) and to the spread of HIV and AIDS. The link between influence of alcohol on sexual activeness and vulnerability to HIV and AIDS is discussed further with evidence from studies conducted elsewhere in chapter 8.

Men who take alcohol also expressed a *positive* link between alcohol and masculinity saying that men are supposed to be respectful and responsible hence they may not indulge in sex or unsafe sex hence reducing chances of contracting or spreading HIV and AIDS (50.0%). The rest of the linkages are as stated below (Table 7.5).

Table 7-1 Masculinity reducing the spread of HIV according to men who take alcohol (n=40)

Masculinity reducing HIV and AIDS	Frequency (%)
Real men are intelligent, humble and respectful hence can not make irrational decisions to indulge in promiscuity	50.0
A real man accommodates women in decision making and this can lead to practicing preventive measures	10.0
Real men are those who work and since they are busy they have little time for sex with other women thereby avoiding contracting HIV	10.0
Being decision makers, men can take a leading role in preventing the spread of HIV and AIDS at household and society levels	7.5
A real man does not believe in unprotected sex	5.0
A real man uses protective measures and contraceptives for family planning that help reduce the spread of HIV and AIDS.	5.0
Real men are strong willed so that they abstain from immorality	5.0
No linkage	5.0
Other	2.5

7.4 Perceptions of female commercial sex workers on the link between masculinity and HIV and AIDS

Almost all commercial sex workers interviewed (97.4%) agreed that there is a strong link between masculinity and HIV and AIDS. In their opinion, men are expected and allowed to drink, and when drunk they have sexual arousal (15.8%), hence tend to lose their sense of judgement (13.8%) and are not mindful of what happens during sex (42.1%) so that they do not even use condoms (26.3%). The commercial sex workers' key indicator of masculinity is a man's possession of and ability to spend cash.

They also strongly felt that men who earn more money are tempted to spend it with sexual partners (20.7%). Men are even willing to pay for unprotected sex (10.3%); all because they do not feel satisfied when, for example, they use condoms. In fact, from their experience, it is not strange for men to insist on unsafe sex (6.9%). Female commercial sex workers are attracted by handsome men; therefore they entice them to have sex (10.3%) (Table 7.7).

Table 7-7 Masculinity and the spread of HIV and AIDS according to commercial sex workers (n=29)

How masculinity promotes HIV and AIDS	Frequency (n=29)	Percent (%)
Men having cash can easily spend it on women for sex	6	20.7
When drunk men lose sense of judgement even over sex	4	13.8
Those who drink also go out with sex workers	3	10.3
Women go for handsome men	3	10.3
Men are willing to pay more to entice women into unsafe sex	3	10.3
Men can propose several partners and contract HIV	2	6.9
Aggressive men force women to have unprotected sex	2	6.9
Men insist on unprotected sex	2	6.9
Men may buy beer to make women drunk to abuse them	1	3.4
Impatient men sleep with other women if partner is unavailable	1	3.4
Influential men are preferred by women hence exposed to HIV	1	3.4
Men with a barren wife will marry another to bear kids	1	3.4

Though they are keen on the opposite, it may be useful to listen to sex workers' views on how concepts of masculinity might contribute to the reduction of the spread of HIV/AIDS. Some felt that since men are the ultimate decision makers in the home, they should use this to convince women to have safe sex (17.9%). Similarly, responsible men live by example (10.7%), and have self control over sex (10.7%), and working or business men are occupied and may not indulge in sex with other women (10.7%) (Table 7.8).

Table 7-8 The potential of masculinity reducing the spread of HIV and AIDS according to commercial sex workers (n=28)

Masculinity attributes that may reduce the spread of HIV and AIDS	Frequency (n=28)	Percent (%)
Men should convince women to have safe sex	5	17.9
Responsible men should live by example which others emulate	3	10.7
Self control can reduce promiscuity	3	10.7
Men who do not drink are reserved and may not want more women	3	10.7
Working or business men are occupied so they have less time for sex	3	10.7
Responsible men make rational decisions to refrain from women	2	7.1
If men can decide to have safe sex they can abstain	2	7.1
Men are like kids and they should be advised by wives	1	3.6
Polite men can discuss protected sex with women	1	3.6
Men married to one wife may not be exposed to HIV	1	3.6
Loving and caring men think of the wife ignoring other women	1	3.6
Patient men will bear with and stick to their wives	1	3.6
Cultured men stick to their wives ignoring other women	1	3.6
It's not possible	1	3.6

7.5 Traditional perceptions on the linkage between masculinity and HIV and AIDS (Focus Group Discussions)

Both men who drink and those who do not drink, female commercial sex workers, community focus groups and key experts working in HIV and AIDS all agree that there is a strong link between masculinity and HIV and AIDS. The strongest link lies in the fact that men have the power of decision over women in almost all things, including decisions over sex. It is acceptable in many societies for men to have several female partners and this exposes them to HIV.

Men can choose not to use protective measures during sex. Worse still, because men are closed up and feel bossy, they are not willing to declare their status even when they are almost sure that they are HIV positive: “*they wait to be taken to the hospital when they are wasted and helpless*”. In the same vein, many men also are not cooperative when it comes to using protective measures during sex when one of the two in the couple is infected.

Another linkage is rather indirect, whereby men are expected to drink beer and when drunk they lose their sense of judgement which exposes them to other women and unprotected sex. Female commercial sex workers who are infected can even abuse them. Alcohol increases vulnerability in men.

In addition to these general observations during the focus group discussions mention was made of specific cultural rituals and concepts of masculinity that are prone to speed up the spread of the HIV infection.

In some societies *chokoro* is practiced so that a widow is married by one of her late husband's brothers. Since these days death is frequently due to AIDS, *chokoro* promotes the spread of the HIV infection because no HIV test is required before entering into such a *chokoro* marriage.³

A related and far more widespread practice that may spread the infection is *kupita kufa*, in which the man or woman whose spouse has died is supposed to sleep with another person to mark the end of the mourning process and woo away evil spirits of the dead which can harm the widowed spouse.

Other cultural venues for the possible spread of HIV are offered by some of the initiation rituals. For the girls' *chinamwali* the tradition was to end it with the *fisi* coming to have sex with the girl to mark her womanhood, and these days the *fisi* may well be HIV positive.⁴ During many initiations ceremonies the girls are also taught not to refuse the husband if he wants to sleep with them,

³ Other studies indicate there is an increasing tendency to shun *chokoro* due to fear of infection.

⁴ These days there is a growing willingness to replace the *fisi* by the administration of *kundabwi* medicine both for Christian reasons and for fear of infection (Molly Longwe, *Growing Up. A Chewa Girls' Initiation*, Zomba: Kachere, 2006, p. 40).

regardless, and not to be jealous if the husband sleeps with other women.⁵ In addition what they are taught may make them curious for men so that they are tempted to try things out.

For the male side among the Yao the *jando* initiation is prone to promote the pandemic. Traditionally the circumcision involved in *jando* was carried out for all boys with the same knife, the dangers of which are obvious.⁶ Probably more dangerous and some of the *jando* teachings like the one that after their coming out they have to practice what they have just learned.

In many girls' initiation rites the rule is taught: *Osamkaniza mwamuna ku-gonana* (Never refuse your husband to sleep with you).⁷ This is believed in almost all cultures in Malawi. It makes men feel superior to women over sex and may result in abuse of women. It is difficult for women to convince their husbands to respect their feelings or to use protective measures when one of them is infected.

Finally this conviction was mentioned: *Mwamuna wa mphamvu azibereka ana makamaka ana a amuna*: (A real man must bear children, especially male children.) In many cultures in Malawi, it is believed that a real man should bear children; he should not be a 'gojo'. Furthermore, the Ngoni believe that a real man should start with male children. If they don't, sometimes, they feel forced to marry and/or sleep with other women in a chase for male children to prove their manhood. This may also expose them to HIV and AIDS.

7.6 Possible interventions on the linkages between masculinity and HIV and AIDS

- Arrange awareness meetings for men only as they feel reserved and superior to be advised together with women.
- Awareness campaigns on harmful cultural practices that promote irresponsible masculinity traits. Encourage alternatives such as the administration of the *kundabwi* medicine to replace the *fisi*.
- Form men's HIV and AIDS clubs where they can discuss among themselves their roles in the fight against harmful cultural practices and in HIV and AIDS prevention and control. Men are said to be proud and reserved, according to medical workers and women during focus group discussions, and would not want to accept their weakness and commit themselves to positive change in the presence of women.

⁵ Rachel NyaGondwe Fiedler, *Coming of Age. A Christianized Initiation among Women in Southern Malawi*, Zomba: Kachere, 2006, p. 82, song no. 64 "Tsegulire, tsegulire").

⁶ Nowadays often separate knives are used.

⁷ This rule does not apply during menstruation and during the *kudikha* period after child birth.

- Intensify campaigns on abstinence. NGOs should include interventions in their programmes to support interdenominational evangelists to preach more about salvation, assuming that once saved people will minimize or stop promiscuity and become more faithful. Faith based organizations and religious denominations should take the lead in encouraging abstinence.
- Village Development Committees (VDC) should come in to encourage men to go for testing. It is believed that men would listen to their local leaders rather than to professional HIV/AIDS campaigners.
- Involve community leadership to lobby for participation of men; men are stubborn but they will listen to local leaders rather than to other campaigning groups such as NGOs.
- Village headmen should be trained on issues of male involvement and be encouraged to convince their men in the villages.
- Improve the VCT set up to promote men's attendance, otherwise it looks and feels more feminine.
- Establish VCT close to drinking places.

7.7 Conclusion and recommendation

Masculinity and HIV and AIDS are closely linked through men's superiority in decision power even over sex and the male cultural freedom to have several partners. Some harmful practices also perpetrate irresponsible masculinity that promotes the spread of HIV and AIDS. Beer drinking associated with masculinity brings men and commercial sex workers together resulting in irresponsible and unprotected sex, a swift vehicle for the spread of HIV and AIDS. The current trends must be intercepted if we are to save the future generations.

- In view of the irresponsible exhibition of the masculinity traits, it is necessary to target men on special awareness and lobbying for behavioural change by forming men only clubs for HIV and AIDS discussions involving local leaders.
- Improve the VCT set up to promote men's attendance, otherwise it looks and feels more feminine; the workers, the queuing, the mode of communication;
 - Individual counselling should be encouraged rather than group counselling regardless of common needs. Men do not want to be seen accessing ART by women for fear that they spread the news that they are infected which would compromise their status in society. Individual counselling would also encourage men's participation. This means training and deploying counsellors in VCT centers.
 - Men should have a separate waiting room. Otherwise the waiting rooms become cry rooms or nursery rooms with women carrying noisy children.
 - Male clients should be treated with respect, especially where young female nurses are involved. Otherwise, men feel intimidated and out

of place when they are treated as kids in the process of accessing ART.

- Perhaps there is need for close monitoring on how ART is implemented with regards to ethics.
- Integrate HIV and AIDS messages in all rural development programmes: talk to the men before giving them loans, agricultural inputs etc.
- *Ngaliba* and *Nankungwi* should sit down to discuss issues of HIV and AIDS prevention as related to tradition to discourage harmful cultural practices i.e. integrate masculinity issues and HIV and AIDS in the initiation of boys and girls.
- Lobby for reduced alcohol consumption especially among men. This can be achieved by setting up leisure activities such as sport games away from beer drinking places and where there are no commercial sex workers. Otherwise, some men go for leisure activities, which, if placed at beer drinking places, encourage them to drink and go for commercial sex workers who are found there. If one has great passion for a certain game one may stay there for a long time and if there is beer one may also drink too much. NGOs and Government should implement this rather than beer sellers or producers.
- Regulatory bodies should make it mandatory for alcohol producing companies to include HIV sensitization messages on alcohol labels and in all their promotion activities.
- Improve funding and support to youth organizations as they have good and friendly mechanisms of reaching out to male youths.
- Preach more on abstinence and faithfulness than on condom use. It seems condoms are encouraging sex among both the young and the old. *“The youth don’t fear HIV and AIDS, they fear pregnancy”*.

Chapter 8

ALCOHOL AND HIV AND AIDS

8.1 Introduction: Alcohol and HIV¹

Globally, alcohol use has been associated with high-risk sexual behaviour and injection drug use, two major modes of HIV transmission. Findings have shown that people who abuse alcohol are more likely to engage in behaviours that place them at risk of contracting HIV² and the heavy alcohol use is correlated with a tendency toward high-risk sexual behaviour, including multiple sex partners, unprotected intercourse, sex with high-risk partners (injection drug users, prostitutes), and the exchange of sex for money or drugs.³ There may be many reasons for this association. For example, alcohol can act directly on the brain to reduce inhibitions and diminish risk perception.⁴

Studies consistently demonstrate that people who strongly believe that alcohol enhances sexual arousal and performance are more likely to practice risky sex when drinking.⁵ Some people report using alcohol deliberately during sexual encounters to provide an excuse for socially unacceptable behaviour or to reduce their conscious awareness of risk.⁶ For example, bars and drinking parties serve as convenient social settings for meeting potential sexual partners.⁷

A growing body of research shows that the escalating rates of the HIV infection may in fact be fuelled by alcohol consumption. In Botswana data revealed that alcohol abuse increases the risk of exposure to HIV infection

¹ Statistics on alcohol consumption or production were not available to the study team.

² M. Windle, "The Trading of Sex for Money or Drugs, Sexually Transmitted Diseases (STDs), and HIV-related Risk Behaviors among Multisubstance Using Alcoholic Inpatients", *Drug and Alcohol Dependence*, 49 (1997), pp. 33-38.

³ Ibid.

⁴ T.K. MacDonald, G. Macdonald, M.P. Zann, and G.T. Fong, "Alcohol, Sexual Arousal, and Intentions to Use Condoms in Young Men: Applying Alcohol Myopia Theory to Risky Sexual Behavior," *Health Psychology*, 19(3), 2000, pp. 290-298.

⁵ M.L. Cooper, "Alcohol Use and Risky Sexual Behavior among College Students and Youth: Evaluating the Evidence," *Journal of Studies on Alcohol* 14 (2002), pp. 101-117.

⁶ K.H. Dermen, M.L. Cooper, and V.B. Agocha, "Sex-related Alcohol Expectancies as Moderators of the Relationship between Alcohol Use and Risky Sex in Adolescents," *Journal of Studies on Alcohol* 59 (1998), pp. 71-77. .

⁷ Ibid.

through its association with high-risk sexual behaviours including the incorrect use of condoms.⁸

8.2 Study findings and discussions

8.2.1 Demographic information for respondents taking alcohol

The study covered a total of 97 respondents (53 men and 44 women) who take alcohol to understand several socio-economic and health issues in relation to alcohol consumption. Table 8.1 has demographic information for all respondents covering age, education and marital status. The table shows that the majority of respondents (70% of the men and 59% of the women) are heads of household. Whilst men did not disclose their age, the study found that women as young as 16 were taking alcohol and are in the commercial sex industry. The majority of the women were between 19 and 24 years of age.

Of the respondents, the majority of the men were married (66%), while virtually all women (97.7%) were single, which includes those who are divorced or widowed.⁹ Over half of the alcohol drinking women interviewed mentioned commercial sex work (66%) as their main source of livelihood.¹⁰ This makes their answers to be not representative for women in general. Of the men, two thirds were in formal employment or formal business (66%), who are seen by commercial sex workers as their ideal customers. This matches the information that the male (customers') educational level is far higher than that of the sexual service providers.

Since numbers participating in the survey were small, it is possible that they are not fully representative. The percentage of Muslim women in the survey is at about the national level, while for men it is lower.¹¹

That the number of Catholics is comparatively lower compared to nationwide church membership, may be due to the accidents of random sampling.¹²

⁸ O.D. Phorano, K. Nthomang, D. Ntseane, "Alcohol Abuse, Gender-based Violence and HIV/AIDS in Botswana: Establishing the Link Based on Empirical Evidence," *Journal of Social Aspects of HIV/AIDS Research Alliance*, vol. 2, no. 1, 2005; R. Macgregor, "Alcohol and Immune Defense", *Journal of the American Medical Association*, vol. 256 (1986), pp. 1474-1479.

⁹ For the need to include divorcees and widows in the category of "singles" see Chimwemwe Kalalo, "Women's Sexual and Reproductive Health in the Context of HIV/Aids: The Involvement of the Anglican Church in the Upper Shire Diocese in Southern Malawi, MA, University of Malawi, 2006.

¹⁰ Probably there may be more sex workers among those who answered that they are in "temporal employment" (15.9%) or in "informal business" (2.3%). .

¹¹ According to Islamic *teaching* it should be zero on both sides. The same applies to Seventh-day Adventists.

¹² There are almost no reliable denominational statistics in Malawi, but the Roman Catholics

Table 8-1 Demographic information of respondents who take alcohol (n= 97)

Variable		Men (n=53)	Women (n=44)
Head of household	Yes	70.0%	59.1%
	No	30.0%	40.9% ¹³
sehold			
Age	Minimum		16 years
	Average		25 years
	Maximum		48 years
Marital status	Single	26.4%	63.3%
	Married	66.0%	2.3%
	Divorced		25.0%
	Separated	1.9%	4.5%
	Widowed	5.7%	4.5%
Education	Post secondary	30.2%	
	Formal employment	47.2%	2.3%
	Formal business	18.9%	11.4%
	Informal business	22.6%	2.3%
	Remittances	3.8%	2.3%
Religion	Muslim	11.3%	15.9%
	CCAP	26.4%	27.3%
	Catholic	30.2%	25.0%
	Seventh Day	5.7%	2.3%
Tribe	Lomwe		20.5%
	Yao	32.1%	15.9%
	Chewa	18.9%	13.6%
	Mang'anja	5.7%	13.6%
	Ngoni	5.7%	11.4%
	Tumbuka	28.3%	9.1%
	Others	22.6%	25.1%

Important for any potential interventions is the figure for "Others" (22.6% of the customers and 25.1% of the providers). While it has often been assumed

may well have twice as many as the CCAP members combined. That some CCAP Synods, different from the Roman Catholic Church, strongly discourage drinking of alcohol seems not to have influenced the results of this sample.

¹³ Most of those who were not heads of household were staying with parents or guardians.

that almost all the Christians in Malawi are either Roman Catholic or CCAP, this study shows that newly emerging Christian groups now play an ever increasing role, as new religious principles and doctrines are now being introduced within the communities.

Of interest is that almost 99% of those interviewed indicated that they attend church/mosque services every week once or more.¹⁴ This gives an opportunity for Faith Based Organizations (FBOs) to target such groups in their development discourse. The majority of the respondents (both men and women) have been at the current place less than 3 years and also stayed in the previous place less than 3 years. Looking at the distribution of previous residential areas, the study found that some residents had previously stayed both in rural and urban areas including other countries such as South Africa, Zimbabwe, Zambia and Tanzania before they moved to the present residential areas. In particular, men are moving within urban areas and from city to city. In terms of interventions, such mobility needs to be considered by development partners.

8.2.2 Alcohol consumption

The survey investigated also the trend among men and women when they started taking alcohol. Despite leaving out those who started taking alcohol before 2000, the data shows that traditionally more men were taking alcohol than women and that they started drinking earlier than women. Most women started drinking beer not more than three years ago. The survey team observed that almost all drinking places were frequently patronized by young women, even girls. However, the general picture is that both men and women have just been taking alcohol in the last 5 years. This means that the number of young Malawians taking alcohol is increasing and will continue doing so. *This is another area that will require intervention from development partners.*

Several reasons were put forward for taking alcohol (Table 8.2). The majority of the male respondents indicated leisure (68%) and socializing (26%), categories that were far less important for the women in the survey (14% and 26% respectively) as the main reasons for taking alcohol. *This particular response also indicates that there is need for developing programmes that will provide alternative entertainment to the growing population of young Malawians.*

Of particular interest is that a third of the women (sex workers) interviewed take alcohol to attract sexual partners or to be brave to face and accommodate men. During field observations, the study team noted that women who were not taking alcohol had several strategies to attract sexual partners including dressing, position within the drinking places and make-up.

¹⁴ This survey did not attempt to verify or falsify these claims.

“If am not drinking beer, I try to give an attractive smile to the man I want. In many cases, I buy a drink and stay close to the one I want to hook. Sometimes I stand close to the BBQ stand where men normally come to buy meat,” said a lady in Karonga.

The majority of the people in this survey take alcohol 2 days in a week. However, women are also frequently patronizing beer halls within the week (50% of women interviewed drink alcohol 3 days in a week), mainly Fridays, Saturdays and Sundays. The same figure also shows that some women (about 10%) can take alcohol 6 days in a week. This shows that the women covered in this study ply their trade at beer drinking places. *Interventions in the fight against HIV and AIDS in Malawi should consider such trends and groups.* Because most men are formally employed, it can be assumed that they mostly take alcohol during weekends (Fridays and Saturdays).

On the amount of alcohol consumed in a day, the study found that men consume more Carlsberg beer (an average of 11 bottles a day) and Chibuku (an average of 4 packets a day) than women (an average of 3 bottles of Carlsberg a day) and Chibuku (an average of 1 packet a day). These results show that more women, especially those in the commercial sex industry, prefer places where Carlsberg is being sold. *Development interventions could look into this study outcome for effective interventions on HIV and AIDS in Malawi.*

None of those covered in this study was taking locally brewed beer, such as Masese, Kachasu, Uchema, etc. Interviews with Malawi Carlsberg officials revealed that other types of alcohol, especially Malawi Gin (sachets), Powers and Kamdamsana were selling well because of lower prices and high alcohol volume. This shows that poverty is a contributing factor to the type of alcoholic drinks people are likely to take. Unfortunately, these brands have a high alcohol content that has an impact on the thinking capacity of individuals.

Focus group discussions in all the districts covered revealed that the rate of people taking alcohol in the villages has increased. In particular young men are drinking alcohol with adults unlike in past years. The discussions also revealed that women, especially young girls, are not taking alcohol in the villages like in the cities and other urban areas.

As to where alcohol is taken, it was noted that women tend to take their alcohol where men are also available in large numbers. Most likely places are bottle stores followed by taverns. One reason put forward is that the prices are fair and that there is no restriction on the behaviour of alcohol takers. Very few people (both men and women) patronize clubs and hotels. *This is also an area that will require venue-based intervention. In this case, the collaboration and networking of organizations could have an effective impact on these venue-based approaches.*

When it comes to expenditure on alcohol, the research indicates that women spend 1/3 of what men spend in a day. Depending on the venue, the maxi-

mum amount spent by men in a drinking day was K9000 compared to K3000 by women. On average men were spending K2223 per day compared to K1029 spent by women. In some cases, women spend literally nothing on drinks as they patronize these venues to have the opportunity of meeting men to exchange sex for cash. *This is an area that will require health related interventions linked to larger poverty reduction strategies. Most of the commercial sex workers said that if they can access financial resources, they can stop coming to the drinking places.*

8.2.3 Alcohol induced behaviour

After taking alcohol, most men just go home (58%). This was followed by those who dance with women. However, though not significant, respondents also indicated that alcohol consumption increases interest to go out with a partner for sex. Despite these responses, it should be noted that several things can still take place before leaving a drinking place for home, like having sex with commercial sex workers. There was an air of innocence among men when inquiring about their behaviour in particular with those with high positions within the community. In addition, issues of sex are still considered confidential in many cultures and accessing information on the use of condoms, the amount of cash paid for services rendered, or sleeping with multiple partners was indeed difficult.

Previous research has confirmed that the effects of alcohol vary from person to person and with different amounts. The number of drinks that constitute being “drunk” for one person may have little effect on another. Also varying are the changes in behaviour that one undergoes when under the influence of alcohol. This study has shown that it is very difficult to document the actual behaviour after drinking alcohol. Men selling alcohol stated that some men become aggressive and insult them when drunk. Other observations include intensive dancing with women and also buying more beer when there are women. Other behaviours include increased noise among alcohol takers.

Inability to make good or safe decisions, and non-use of condoms for sex were some of the behaviours mentioned by both women and men. Even though some respondents indicated that people often drink to relax, others indicated that they drink to gain confidence, or to be at ease in social situations. In general, findings have shown that under the influence of alcohol, people often make poor decisions to have sex with someone they may not know and then make it even worse by not using condoms. Judgement is impaired and many negative consequences may follow. On alcohol related problems, a third of the men (36%) indicated that they have been facing economic hardships because of alcohol, while 13% indicated having family problems and 4% having work related problems and 9% having both work and family related problems.

17% reported problems with the police, but 37% claimed never to have had any legal problems. On health related problems, some men who take alcohol (24%) complained of minor headaches. However, this should be treated with caution knowing that many health related problems could not be detected during the survey period.

8.2.4 Alcohol and sexual issues

Several issues were raised with men who take alcohol in relation to their sexual behaviour. On the age of their sex partners, the study found that a majority of men (58%) prefers to sleep with women aged 18-25 years. *This indicates another group of women that will require the attention of development partners.* However, 18% of the men prefer girls who are less than 18 years of age. On arrangements to have sex with women, most of the men (47%) indicated short term relationships (*chibwenzi*) as the best means of sleeping with women while 35.3% mentioned no prior arrangements. Very few mentioned engagement (5.9%) and cohabiting (11.8%) as good arrangements to sleep with a woman. The study found that the majority of men (68%) were not free to indicate their arrangements if they want to have sex with a women. Results also found that even men who do not take alcohol prefer women aged 18-25 years (69%) followed by those aged 26-30 years (23%) and less than 18 years of old (7%).

The majority of men who take alcohol prefer commercial sex workers (35%) followed by secondary or college students (28%) and working women (27%). The implication of these findings is that men who take alcohol are sleeping with all groups of women including those in the village. In some cases they sleep with both students and commercial sex workers. However, men who do not take alcohol mentioned working class as their preference (46%), followed by students (30%).

8.2.5 Men and sexual behaviour

The study asked commercial sex workers, men who take alcohol and those who do not take alcohol whether men practice protected (safe) sex. Commercial sex workers reported that drinkers (82% response) and non alcohol takers (43% response) don't prefer protected sex.

The majority of people interviewed agree that men who take alcohol sleep with other women and that they prefer unprotected sex. Equally women who take alcohol sleep with other men. The majority of commercial sex workers (48%) reported that men who take alcohol compel them to have unprotected sex. In most cases of protected sex, it is the commercial sex workers (78.0%) who initiate it. This is why the majority of commercial sex workers reported that they usually have protected sex (Table 8.5). The study found that men who

take alcohol as well as those who do not take alcohol sleep with commercial sex workers. Most of the men meet the women at bottle stores (38%) or other drinking places (23%).

Table 8-5 Responses (%) on sex related issues

Sexuality related findings		Men who take alcohol (n=28)	Men who do not take alcohol (n=53)	Commercial sex workers (n=44)
Number of partners slept with in the past 7 days	1 partner	N= 12 %= 52	n= 7 %= 25	n= 14 %= 34
	2 partners	n= 4 %= 17	n= 1 %= 10	n= 11 %= 27
	3 or more partners	n= 7 %= 31	n= 2 %= 20	n= 15 %= 39
Did you practice protected sex?	Yes	N= 25 %= 69	n= 11 %= 79	n= 37 %= 90
	No	N=11 %= 31	n= 3 %= 21	n= 4 %= 10
Who initiated protected sex?	Myself	N= 26 %= 87	n= 11 %= 92	n= 28 %= 78
	Partner	n= 4 %= 13	n= 1 %= 8	n= 8 %= 22
Sleeping with same or multiple partners	Same partner	N= 25 %= 61	n= 13 %= 81	n= 4 %= 9
	Multiple partners	N= 16 %= 39	n= 3 %= 19	n=39 %= 91

8.2.6 Alcohol and HIV/AIDS

The respondents agree that there is a link between alcohol and HIV/AIDS. Over 60% of commercial sex workers indicated that they sleep with men who take alcohol more than with men who do not take alcohol. This study has also found that men who are drunk rarely practice protected sex. A case study from Mangochi revealed that when both partners are drunk they rarely practice protected sex. This shows that alcohol abuse is linked to the spread of HIV.

Like in other findings, alcohol selling points have been known as sites for meeting sex partners. The World Health Organization draws attention to the role of situations and venues, just as much as target groups and vulnerable

groups, in the understanding of the links between alcohol and HIV/AIDS.¹⁵ This approach, moreover, corresponds with a trend in general HIV prevention to have a stronger focus on venues of risk. Due to the lack of a policy framework as well as regulatory guidelines, these venues are patronized by all groups of people including the youth. The interactions between men and women at these venues clearly show that identifying partners for sex could be a priority for both sides. Interviews with men selling alcohol showed that the numbers of used condoms tend to increase during weekends and month ends meaning that the venues are also being used as sites for sex. This was common in large entertainment centres especially in urban areas. These findings agree with a WHO study that identifies drinking places as venues where the combination of alcohol and sexual encounters leads to an increased risk of HIV transmission.¹⁶

8.3 Conclusion and recommendations

The study has revealed that there is a link between alcohol and HIV in Malawi. The linkage is particularly associated with the risk behaviours that are attributed to alcohol consumption. The study has also shown that high-use alcohol venues such as bars, discos, and nightclubs are areas where men have the opportunity to interact with commercial sex workers. In addition, street sex workers also utilize these venues to access their clients, especially in urban areas.

It can be concluded, from observations made during the study, that many of these venues also operate as informal brothels, consequently presenting increased opportunities for HIV related sexual risk behaviours among men from different professions including civil servants and those working with NGOs. There is need not to focus exclusively on the characteristics of presumably distinct risk populations, such as sex workers, but to focus instead on identifying the features of venues that are salient in creating a synergy between alcohol use and HIV risk. In doing so, targeted, culturally-appropriate and applied public health interventions for alcohol users can be developed. A venue based alcohol and HIV prevention intervention for adults could be introduced in collaboration with companies that supply alcohol in Malawi. Faith based organizations could establish working groups on alcohol and HIV within their multisectoral HIV/AIDS programmes. Otherwise, clusters could be established. For example, in some countries an Alcoholics Anonymous (AA) chapter meets weekly to discuss substance abuse and other issues, including adherence to antiretroviral therapy. The AA chapters, comprising both men and women of varying ages and professions, are closely linked with local health facilities to facilitate referral

¹⁵ World Health Organization, *The World Health Report 2005*, Geneva: WHO, 2005.

¹⁶ World Health Organization, *The World Health Report 2005*, Geneva: WHO, 2005.

to and from the group. Clear messages and effective awareness could be introduced that will educate the public on how alcohol consumption may influence risk behaviours that can lead to the spread of HIV.

Chapter 9

MASCULINITY, ALCOHOL AND HIV/AIDS

9.1 Introduction

The World Health Organization (WHO) has conducted studies related to masculinity, HIV and AIDS as well as alcohol in a number of countries which have shown interlinked and collective negative impacts on public health¹ and that masculinity attributes such as physical aggressiveness and having multiple sexual partners were related to alcohol consumption.² A WHO report revealed that alcohol consumption was believed to signify maleness and further concludes that the relationships between masculinity, alcohol and HIV are very significant.³ In many cases the findings showed that alcohol use was part of the construction of maleness and a facilitator for sexual encounters. Furthermore, it was established that alcohol drinking places were contact places for sexual relationships. This chapter examines such linkages and any other; whether they exist and if they do, in what form, in Malawi.

9.2 Research findings

This chapter highlights the linkages between masculinity, alcohol and HIV and AIDS. It is a summary of some of the chapters that capture linkages between masculinity and alcohol, alcohol and HIV/AIDS and masculinity and HIV/AIDS. Results from previous chapters have already established that there is a strong link between masculinity and alcohol, alcohol and HIV/AIDS, and masculinity and HIV/AIDS. Results presented here confirm the linkages of the three and provide evidence on the nature of the linkages in agreement with results found elsewhere in the SADC region and beyond. The majority of respondents agree that both men (>45.5%) and women (>52.3%) who take alco-

¹ C.D.H. Parry and A.L. Bennetts, "Country Profile on Alcohol in South Africa," in L. Riley and M. Marshall (eds), *Alcohol and Public Health in Eight Developing Countries*, Geneva: WHO, Substance Abuse Department, Social Change and Mental Health, 1999, pp. 135-156.

² N.M. Tumwesigye and R. Kasirye, "Gender and the Major Consequences of Alcohol Consumption in Uganda," in *Alcohol, Gender and Drinking Problems - Perspectives from Low and Middle Income Countries*, I.S. Obot and R. Room, Geneva: WHO, Department of Mental Health and Substance Abuse, 2005, pp. 189-208.

³ World Health Organization, *The World Health Report 2005*, Geneva: WHO, 2005.

hol normally sleep with other partners. To add to it, drunken men lose their sense of judgement and do not care about protected sex as compared to when they are sober. It was found that of non-drinkers 50% insist on protected sex, while of drinkers only 10% do so.

9.3 The role of alcohol in the link between masculinity, alcohol and the spread of HIV and AIDS

There are reports that beliefs that alcohol facilitates or enhances sexual intercourse contribute towards consumption before or during sexual encounters. Alcohol is commonly used as a disinhibitor, a sex facilitator, a symbol of masculinity, and a means of relaxation, recreation, socializing and improving communication skills (e.g. in Mexico and Romania). Alcoholic beverages are also used as facilitators in approaching the opposite sex. Among women, alcohol use increases involvement in risky sexual encounters and the chance of sexual victimization, exposing them to the risk of unwanted pregnancies and STIs (e.g. in Russia and South Africa).⁴ Similar observations were also made in this study. Female commercial sex workers admitted that they take alcohol to remove shyness to accommodate the male clients. In Kenya it was also observed that “alcohol use was believed to reduce fears connected to sex and encourage risky sex, and to provide extra power for sex”; and in South Africa some research participants noted that “alcohol use and sex were a match made in heaven”. There is ‘a little madness’ created by alcohol which is probably what is referred to as impaired sense of judgement elsewhere.

It was also reported in this study that when drunk some men even ask for or insist on ‘plain sex’ without a condom, and are even ready to pay for it. There is increasing evidence that alcohol has the effect of reducing the effectiveness of ART treatment according to health and medical professionals interviewed in this study. Therefore, one would not hesitate branding alcohol as ‘the chief precursor and perpetrator’ of the spread of HIV and AIDS among communities that uphold beer drinking as a key masculinity attribute, as is the case in Malawi.

9.4 The role of commercial sex workers in the link between masculinity, alcohol and the spread of HIV and AIDS

Some key informants were of the view that women are the culprits as they exploit men. They argued that men are naturally attracted by women, which women themselves are well aware of. With this knowledge, the women expose themselves to men in many ways to entice them. In fact, men become ‘the

⁴ World Health Organization, *The World Health Report 2005*, Geneva: WHO, 2005.

catch' for women. Some evidence on this comes from interviews with commercial sex workers, one of whom bragged; *"If I want a man, I know what to do to catch one ... they just can't escape ... I make sure he is webbed in!"*

Should we accept that another attribute of masculinity, by default, is "sexual obsession"? This could be another way of expressing what was reported in the Masculinity chapter as 'ability to sexually respond to or entice those of the opposite sex', as an indicator of masculinity. This resonates with health professionals' widely accepted hypothesis that "men are obsessed during sex so that they are not mindful of anything else but the pleasure of it." If this holds true, then it may be true that women, especially commercial sex workers, play a very crucial role in the linkage between masculinity, alcohol and the spread of HIV/AIDS. Indeed, women can go a long way to 'catch their prey'. A careful analysis of the observations made during interviews with female commercial sex workers reveals something cunning about 'symbols of innocence' used to beguile and subdue the prey. Table 9.1 gives a list of some of the symbols of innocence encountered during the study and their significance in the process of luring the customer. Older girls/women would underestimate their age to give the impression that they are young 'sweet sixteens' and not overexploited or not exposed to many men. Some are wearing a ring on the finger indicating that though selling sex, they are as valuable and safe as any other woman. Others claim that they have a regular boyfriend implying that some men still trust them and feel safe with them. These are perhaps some of the strong but discreet baits that female commercial sex workers offer.

Table 9-1 Symbols of innocence displayed by commercial sex workers

Symbol of innocence	Significance/Role/Impression
Ring on the finger	That she is committed to one man although she can provide sexual services to others
Underestimated age	That she is still 'sweet sixteen' (in old girls)
Overestimated age	That she is legally practicing (in under eighteens)
Reporting short stay at present location	That she is new and not exploited by many men
Claiming exclusive use of condoms	That she is mindful of HIV and STIs
I have a regular boyfriend	That she is stable and that men can still trust her and that she is free from diseases

There exists some seasonality and geographic distribution in the link between masculinity, alcohol and HIV and AIDS. Commercial sex work is a daily routine but varies with dates and functions in some areas. Some commercial sex

workers, e.g. in Mangochi district, revealed that weekends and workshop days are the ‘reaping seasons’ of the month. At these times more men are found drinking beer creating the best environment for their business. In agreement with WHO observations, drinking places indeed serve as meeting places for sex work in Malawi.

9.5 The Role of Men in the link between masculinity, alcohol and the spread of HIV and AIDS

Some key informants were of the contrary view that it is the men who are more responsible for the spread of HIV and AIDS dubbing them ‘chief transmitters’ of HIV and AIDS. Those of this school of thought strongly blamed men as being the initiators arguing that:

- “If men would not go drinking, they would not be exposed to commercial sex workers where they contract and/or spread HIV and AIDS.”
- “If men would decide to abstain, women would have no room to play around with them even if they would try their enticing tactics on them.”
- “If men would not give out money to commercial sex workers, they would quit the industry.”
- “If men would regulate their drinking habits, they would still retain their sense of judgement that would protect them from HIV and AIDS.”
- “If men would take the lead in advising spouses and other household members and live exemplary, they would help a lot in reducing the spread of HIV and AIDS ... and so on and so forth,” claiming the list can be endless.

The argument is based on the point that masculinity is stronger than femininity i.e. generally, men have power over women which, if they would be responsible enough, they would use to convince or even force women to adopt morals that would lead to a reduced spread of HIV and AIDS (Table 9.2)

Table 9-2 Masculinity attributes and how they could reduce the spread of HIV and AIDS (n=26)

Masculinity attributes reducing the spread of HIV and AIDS	Fre- quency	Percent (%)
Intelligent, humble, respected men are shy and cannot indulge in sex with other women	15	57.7
Work keeps men busy so they don't get HIV	5	19.2
Have a say on anything going on (trust one another)	2	7.7
Use protective measures/contraceptives	1	3.8
Lack of self control	1	3.8
Abstinence and make sound decisions	2	7.7

9.6 Strategies to actively involve men in the fight against HIV and AIDS

Since masculinity seems to play a significant role in the spread of HIV and AIDS if related to alcohol, the daunting task is to propose strategies that would tackle some of the linkages in the quest to reduce the spread of HIV and AIDS. An important theme in the study was to find ways of engaging men to actively fight against HIV and AIDS. Respondents came up with ideas which are somewhat similar to those raised in the 'Masculinity and HIV and AIDS' chapter. Men who do not take alcohol (36%) echoed the need to intensify awareness meetings on harmful cultural practices that perpetrate masculinity attributes which promote the spread of HIV and AIDS, as well as the preaching of abstinence and faithfulness and the use of condoms (36%). Others suggested formation of various awareness clubs (12.0%) where discussion on decision making and gender at household level as well as understanding of HIV and AIDS can be reinforced. The rest (4.0%) appreciated the importance of building in HIV and AIDS subjects in school curricula, which would be effective in changing the mindset of the pupils as they grow up.

Men who take alcohol were well aware of the need for abstinence and suggested intensified awareness to men together with the use of condoms (37.5%). Similarly, issues of gender and decision making as they relate to HIV and AIDS (25.0%) and awareness on harmful cultural practices related to masculinity (29.2%) were also seen as key strategies. Two participants emphasized that awareness meetings for men should be conducted separately.

The message from commercial sex workers was rather mouthful. It mostly dwelt on convincing men to use condoms (20.4%) or that they should abstain (12.2%). They also agree with men's suggestion to form men's clubs for HIV and AIDS activities (12.2%). Although it may have negative implications on their business, commercial sex workers (10.2%) still felt that men should be persuaded to reduce alcohol intake.

9.7 Conclusion and recommendations

There is a strong link between masculinity, alcohol and HIV/AIDS in that men are allowed and expected to drink which tends to compromise their sense of judgement and self control leading to promiscuity and unprotected sex. Furthermore, poor nutrition habits arising from drinking and the impact of alcohol suppressing ART effectiveness exacerbate the HIV and AIDS spread. Drinking places are the meeting points for commercial sex work. The face value of commercial sex workers can be deceptive as they display a lot of symbols of innocence to impress men and entice them. The link becomes stronger as more young men become aware of their masculinity earlier than before, and the

commercial sex workers also join the industry at an early stage. Nevertheless, there is need to target men separately on awareness on masculinity attributes which promote the spread of HIV and AIDS. According to these findings, the study recommends the following:

- Interventions on masculinity, alcohol and HIV and AIDS should largely consider the drinking places as they serve as the meeting points for commercial sex work. Strategies should aim at interrupting or minimizing the meeting endeavours while people are still drinking beer.
- Interventions should include long term objectives targeting positive masculinity attributes and perceptions in the socialization processes of all cultures in Malawi.
- Awareness campaigns on HIV and AIDS should be designed especially for men and should make use of traditional and religious leaders whom men respect highly.
- Interventions targeting the masculinity, alcohol and HIV/AIDS linkages should have a good focus on alternatives for female commercial sex workers (organizing some form of income generation) as well as on entertainment activities to replace beer drinking and commercial sex work.
- There is need for a study to comprehensively understand the dynamics of commercial sex life to guide interventions for the industry.
- A special programme should be devised targeting young girls who are joining the commercial sex industry by exploiting men's masculinity attributes related to alcohol, money expenditure and sexual activeness. Vocational training for such teens would minimize the tendency to join the industry.
- The law needs to put in place stricter punishments against men who marry or divorce their wives illegally as this results in young women ending up in commercial sex work as a way of finding income or dealing with the frustration.
- Regulations on the age limit for women working in drinking places should be enforced.
- Operation of drinking places should be reviewed, regulated and enforced with adequate consultation with stakeholders, e.g. alcohol producers, distributors, sellers, consumer organizations, ministry of health, National AIDS Commission.
- Distinct cultures found in different tribes require distinct programme packages especially targeting harmful cultural practices. Although common in almost all the regions in Malawi, some districts are advanced in dealing with certain harmful traditions as compared to others. For example, polygamy is less common in Blantyre than in Thyolo. Urbanization should also be considered.
- Alcohol producing companies should be required including HIV sensitization on alcohol labels and in bashes etc.

Chapter 10

COMMERCIAL SEX INDUSTRY

10.1 Introduction

The literature review indicates that sex work can be defined as negotiation and performance of sexual services for remuneration (i) with or without intervention by a third party (ii) where those services are advertised or generally recognized as available from a specific location (iii) where the price of services reflects the pressures of supply and demand.¹

In Malawi, commercial sex work is not legalized and it takes place in the informal sector. Therefore there are difficulties associated with defining and regulating labour in the informal sector. Very few studies have been undertaken on the commercial sex industry in Malawi and information is not available. This study interviewed several women whose main livelihood was considered to be commercial sex.

The study also helped to establish the level of HIV and AIDS awareness among commercial sex workers. This was important because other studies have shown that male clients of commercial sex workers will determine the course of the HIV/AIDS epidemic.² The number of men visiting commercial sex workers has also increased.

10.2 Research findings

The study interviewed 44 commercial sex workers found at drinking places in the three regions of the country. In addition, 6 street commercial sex workers were also covered to understand several issues in the industry in Lilongwe City. The majority of the women covered are from Thyolo (21%), Blantyre (18%) and Chikwawa (14%). The percentages, from north to south, were as follows:

Karonga	9.1%	Kasungu	4.5%	Thyolo	20.5%
Mzimba	9.1%	Lilongwe	9.1%	Blantyre	18.2%
Nkhata Bay	4.5%	Mangochi	11.4%	Chikwawa	13.6%

¹ J. Bindman, *Redefining Prostitution as Sex Work on the International Agenda*. Anti Slavery International, 1997.

² H. Kaiser, Clients of Commercial Sex Workers Will Determine Course of HIV/AIDS Epidemic in Asia. <http://www.thebody.com/content/world/art10615.html> (2004).

In Kasungu, key informants indicated that the trend follows the tobacco seasons so that the district has more commercial sex workers during the tobacco marketing season than during the rainy season. Interventions could also target such movements and trends. Of interest is that most of the women that travel to Kasungu were from the southern region of Malawi. This also brings back the issue of an integrated approach in the war against HIV and AIDS, e.g. where farmers and vendors are targeted together prior to the marketing season.

In terms of specific location, the study found that there were many commercial sex workers from Luchenza in Thyolo (21%) followed by Lunzu (18%). Most of these were staying at rest houses at a trading centre. There was no specific mentioning of brothels for commercial sex activities, but they generally admitted that they were present in some places.

The majority of women in the commercial sex industry are aged between 25 and 35. This is an active group that is also looking for proper marriage or partners. The study also found that even girls as young as 16 were involved. At one drinking place in Lilongwe City, popularly known as *Matchaina*, researchers found several young girls drinking alcohol and being taken by older men for sex. In some districts, such as Nkhata-bay, most of the commercial sex workers were older women who have been in the industry for more than 10 years.

Of the commercial sex workers interviewed only 2% claim to be married, 63% declared themselves as single, 30% as divorced or separated, and 5% were widows. Most of the commercial sex workers (26%) indicated that they have been at the current residential place less than two years. On previous residential place, the study found that commercial sex workers are coming from all corners of the country. This has an implication on effective interventions that aim to reduce the spread of HIV and AIDS in the sense that interventions targeting commercial sex workers need to take into account that the target is mobile.

On educational levels, this study found that the majority of commercial sex workers (52%) have only been to primary school and that 40% attended secondary school. This also shows that there is a direct link between education and the commercial sex industry in that the less educated tend to join the industry as they have less chances of getting formal employment. The study also found that most of the commercial sex workers are heads of households (59%) with an average household size of 4 persons. Those who were not heads of households were staying with their guardians (44%) or friends (31%).

In terms of main source of income, the respondents mentioned commercial sex (66%) followed by casual employment (16%) and formal business (13%). Most of them were Christians (28% CCAP and 26% Catholic) while others were Muslims (16%) with the rest coming from other religious groups, mostly Christian. Over half of the women covered in this study have been in the industry since 2006 and they are mostly Lomwe. One reason put forward is that the

area, including Thyolo, Mulanje and Chiradzulu, has land problems. Education is also a problem. This has prompted many young women to migrate from the area. This is supported by theories that suggest that migration is also promoting prostitution. Most of the commercial sex workers had migrated to the business centres, where they were practicing, either from rural areas within the same district or from other districts.

Table 10-1 Reasons given for joining the commercial sex industry

Reason for joining the commercial sex industry	Frequency (n)	Percent (%)
Lack of support	13	30.2
Orphanhood	9	20.9
Marriage problems	7	16.3
Peer pressure	4	9.3
Just looking for fun	2	4.7
Early pregnancy	1	2.3
To make money	1	2.3
Lack of employment	1	2.3
Learned or inherited from mother	1	2.3
Running away from cruelty of step mother	1	2.3
Ran away from forced marriage	1	2.3
Ran away from harsh parents	1	2.3
Ran away from <i>chokoro</i> ³ which was imposed when husband died	1	2.3

When asked where they undertake their activities, 88% of the respondents indicated beer drinking places as the main points with 5% doing it at their homes. The women indicated that they normally have sex with men who take alcohol (41%). Others (35%) do have sex with men taking alcohol as well as with those who do not take alcohol. While most women indicated that they have sex with different clients (38%), civil servants were also mentioned to be their main clients (28%). College students and senior managers were also mentioned as some of the clients.

It terms of the ideal time for conducting the business, 79% indicated night times as their ideal period with 16% having no specific time for the business. Weekends were mentioned as the main days of activity (86%) with 10% saying any day of the week. Over 80% of the commercial sex workers indicated that

³ *Chokoro* means that a widow is married by her deceased husband's brother, usually as an additional wife.

they do have direct contacts to their clients through mobile phone (27%) and middle persons (18%) and local networks (15%). *Interventions, especially key messages on HIV and AIDS, could also be delivered through mobile phone SMS facilities.*

On their charges, 30% of the sex workers have a minimum charge of K500 per encounter, while 23% charge a minimum of K1000. Maximum charge was K3000. Minimum charges are based on time spent with a client. Others charge according to the expectations of cash they might have. On the other hand the maximum charges are for unprotected sex (33%), or for a new partner (50%). Most of the commercial sex workers (81%) were taking alcohol to attract customers.

Of those who had sex in the last three days 90% had protected sex which was mostly initiated by the commercial sex worker (78%). Most of the women (85%) also indicated that they have protected sex every time they sleep with a man. However, when asked whether men who take alcohol insist on protected sex, 82% said they do not insist on protected sex while 44% reported that even men who do not take alcohol refuse to indulge in protected sex.

On their sexual behaviour in the last 6 months, 91% reported that they have been sleeping with different partners. Most of them (70%) indicated that they make decisions on protected sex even when they are drunk. A similar number of women indicated that men who take alcohol tend not to prefer protected sex.

10.3 Case studies - street sex workers

10.3.1 Case study 1

A woman aged 30 and single. Left education in Form 1 and currently engaged in small scale business where she sells tomatoes and charcoal. She is from Lilongwe and a Chewa by tribe and has been staying in Kawale I since 1989. She has also been in Area 49 for three years. She uses Securicor vehicles for going and coming to the business site. This could also be a critical entry point for interventions targeting Securicor personnel. She joined the prostitution sector after being retrenched from Press Agriculture.

Her clients are men who take alcohol as well as those who do not. Mostly she sleeps with men who take alcohol. She greets her clients when they are passing by and asks them if they want sex. The activities are mainly undertaken at Bwando Rest House - *Matchaina*. The most frequented time is between 10 pm and 2 am because that's the time men are drunk. Most of the clients are aged over 30. She sleeps with 4-5 men in a day. The lady says that alcohol takers easily pay up and they just want sex, while non drinkers are difficult and in many cases they don't pay for the services. The lady indicated that it is even

easy to convince alcohol taking men to use condoms unlike those who do not take alcohol. Her charges range from K500 to K1500 depending on appearance, type of car if he has one, and time taken. Most of the condoms are bought at Area 47 PTC. The main risk issues in the business are AIDS and being killed. Generally, the public looks at commercial sex workers as animals roaming at night. She agrees that there is a strong link between masculinity, alcohol and HIV/AIDS as men who drink are not careful enough on protected sex. She thinks that women should encourage their husbands to attend AIDS functions. Political parties and churches should take part in the dissemination of information.

10.3.2 Case study 2

A single lady aged 23 years and staying in Area 24. She travels to the trading place using public transport and like her colleague in case study 1, she uses Securicor vehicles to return home. If there is no business, she spends the night with the watchmen and uses public transport home. She claims to have been in the trade for 8 months. She lost both her parents who left behind young children. She was once married but was mistreated and decided to join prostitution.

In conducting her business, she stands along the street as she is afraid to be seen by relatives at drinking places. She attracts clients by dressing sexually. The clients prefer to have sex in the vehicles since they are well known in the community. Most of these are alcohol takers but not very drunk. Usually she sleeps with three men in a night. She claims that those who take alcohol don't like to use condoms. Her minimum charge is K1500 per session with K3000 being the maximum charge. She purchases condoms from PTC shops. The perceived risks in her trade are AIDS and STIs. For her a real man is well mannered and has a business. She agrees that there is a link between alcohol and HIV as most of the men who take alcohol refuse to use condoms. She suggests that messages of HIV and AIDS should be taken to their homes.

10.3.3 Case study 3

Single lady aged 27 years, educated up to Form two. Has been residing in Mchesi since four years. She was once married but divorced because the husband wanted to marry another wife. She has three children and other relatives to support. This prompted her to join the prostitution sector. She prefers street prostitution because she meets several clients in a day and makes more money. Her clients include pastors and top civil servants. The best time for her is between 8 and 9 pm and also between 12 midnight and 2 am. Prices depend on the use of condoms and also on the time spent with the client.

10.4 Conclusion and recommendations

The commercial sex industry is thriving in Malawi, with poverty in general and changes in lifestyles contributing to it. The study has revealed that the majority of women in this trade are young and some of them are still in school. The study has also shown that most of the commercial sex industry is located in Lilongwe City and also along areas where there are many tourists such as Mangochi and Nkhata-Bay. Most activities tend to take place where alcohol is being sold, and there are some informal brothels that are used by the sex partners. In some cases, use of vehicles, deserted areas and homes of single men are used as places where commercial sex workers perform.

However, there is no policy framework to regulate this informal sector. Although some quarters have asked the government to legalize commercial sex, several FBOs are against this approach. This is where the church could work with the society to find means of arresting the problem. The implication of the current illegal status is that the commercial sex industry will become a luxury business for many people. This could then link up with organized brothels and crime. Such crime will also lead to child labour and child trafficking, some of the social ills currently affecting Malawian children.

Unlike in some countries in Asia, where women rarely sleep with men outside marriage, the case is different in Malawi. The commercial sex industry is being driven by the women themselves. This is a risk behaviour that will require immediate attention by development partners. There is need to undertake a national study and understand several issues in this sector. This study has found that there is risky behaviour by key players including married men. The critical factor is that the industry is being patronized by individuals from all sectors of development in Malawi who are not considering the risk they pose to young girls, women and themselves. The male customers include government officials, religious and political leaders, business men, students as well as the youth. In principle, the whole nation could be affected if interventions can not be created that can prevent or reduce the spread of HIV through risk reduction practices in the commercial sex industry.

In addition there are several vulnerability issues that are also promoting the commercial sex industry. While poverty is being mentioned as the main reason for joining the commercial sex industry, this is only on the supply side (women providing the services). There is need to understand vulnerability issues in the demand sector (men looking for the services). To develop effective policies and interventions, there is need for a national study that will try to answer the following research questions:

- What are the pull and push factors prompting girls to join the commercial sex industry?

- What has been the trend over the last 5 years and its impact on girls' education?
- What are the communication mechanisms women use to attract men and how are these transferred to young girls?
- What are the risk behaviours that might promote the spread of HIV among girls as well as boys?
- Who are the key players in the sector and how can interventions reach such groups?
- What preventative or intervention mechanisms can be put in place?

The above questions will then help to develop risk and vulnerability indices that can be used to prevent and reduce the spread of HIV in Malawi among young girls. Such indices can be at individual as well as community level and they should include local terms used in the sector. In particular, the study could come up with recommendations to design programmes and projects that can allow girls (school going as well as those out of school) to identify other livelihoods.

GENERAL CONCLUSIONS AND RECOMMENDATIONS

11.1 Alcohol consumption in Malawi

The study has shown that the number of Malawians taking alcohol is increasing based on the amount of beer being distributed. This population is mostly composed of the young and productive age group including middle income people. Knowing that the development of any country depends on this group, deliberate strategies could be put in place involving them.

More alcohol is being consumed in urban rather than in rural areas. Whilst the study has failed to present the actual statistics of alcohol consumption, there is evidence that bottle stores are far more frequently patronized than other drinking places such as hotels or clubs. The study has also proved that in many respects alcohol consumption is directly linked to income levels of individuals and changes in national economic levels. More professionals and middle-income ("working") people are consuming more alcohol than low-income people. This means that the main customer base for beer companies are equally key stakeholders in the development of this country. Excessive or inappropriate alcohol consumption could be recognized as a risk behaviour which affects health outcomes, along with social, economic and environmental costs associated with accidents, injury and diseases. These impacts have direct consequences on national goals. Therefore, there is need for key stakeholders to understand the characteristics of people in the identified risk groups so that indicative pathways for policy interventions could facilitate monitoring programmes that are addressing issues related to the misuse or abuse of alcohol.

Alcohol consumption could be regulated in collaboration with owners of the selling points, district or city assemblies, with strict measures from the companies producing alcohol. Strict measures could be put in place such as limiting time for bars as well as checking the age limit for under aged people.

A special development fund on alcohol risk behaviours could be established at district level. This fund could be used to develop local guidelines and policies that can be used to come up with national alcohol related regulations. The funds could be under the district or city assembly.

11.2 Alcohol policy

The study has found that the Government of Malawi has a draft policy on alcohol that is being funded by beer producing companies. The policy has covered key issues that, if properly implemented, the country might take an ideal approach to solving socio-economic problems associated with alcohol abuse and misuse. However, it has been noted that the approach taken in the development of this policy seems to favour those producing alcohol and not to achieve national goals on alcohol related issues.

It can be concluded therefore that the alcoholic beverage industry's relentless marketing coupled with ineffective government alcohol policies, contribute significantly to the current ongoing public health and safety epidemic. The policy, therefore, should be widely circulated without the intervention of beer producing companies.

There is need for a joint consultative meeting between beer producers, key stakeholders such as the National Aids Commission, and FBOs to further make their contributions to the policy document. The participatory approach taken in the development of other national policies such as Land Policy or Poverty Reduction Policy could be a very good approach if men who take alcohol have to take an active role in the fight against HIV and AIDS. The policy could have several areas in terms of the penalties, fines and regulations. This could even help to reduce some of the problems that are related to alcohol abuse/misuse including road accidents, rape and child abuse. Therefore, it is recommended that;

1. The Government of Malawi should at this stage involve all stakeholders who could effectively contribute to this policy; in particular, the FBOs, the youth, and even women groups who could be affected by the outcome of the policy. Other tools and powers could be developed to compliment the draft policy. These include Drinking Banning Orders (DBOs), which could allow police and local authorities to stop a person entering premises if they have been involved in criminal or disorderly conduct under the influence of alcohol. There is need for district assemblies to establish a development fund that could be used to regulate alcohol consumption and support the police and local authorities to tackle alcohol fuelled crime.
2. FBOs, CBOs, beer selling points and companies could put in place a framework that could advocate policies or any of the above tools to reduce alcohol problems. This could help focus public and decision maker attention on high-leverage policy reforms to reduce the devastating health and social and economic consequences of drinking.
3. A task force could be put in place that could work with organizations and individuals to promote a comprehensive prevention-oriented ap-

proach to the role of alcohol in society by addressing alcohol advertising, excise taxes, changes in labelling and other population-based policy reforms. Such taskforces could even be established at local, college, community or district level.

11.3 Masculinity

The study has shown that the Malawian society has much in common when it defines masculinity. The most important observation that came out very clearly in the study is that masculinity implies hard work, the ability to support the family and access to income (cash). This clearly shows that masculinity attributes in Malawi are quite important in the development discourse from household to national level.

It is important to note is that masculinity indicators that have been established through this study can be used to empower communities and shape the lives of rural communities. These attributes are linked to quality leadership, being role models, hard workers, well educated, and skilled individuals as well as to being influential. The Government of Malawi and its development partners could take advantage and utilize these attributes to achieve the Malawi Growth and Development Strategy (MDGS) goals. In this regards, the study recommends that;

- The identification of men who have masculinity attributes as mentioned by the communities could be an entry point in involving men in the fight against HIV and AIDS. This group of men should not only be engaged in health related issues, but other equally important sectors such as education, agriculture, environment, and community development. The NGOs, FBOs and CBOs could take advantage of these attributes in designing their programmes at local level.
- Civil society could be involved in the development of locally specific attributes that can facilitate development. Men with such attributes could be officially recognized, empowered with specific roles and be linked to district as well as national strategic goals.
- Deliberate efforts could be made by the government and other partners to support men with good masculinity attributes financially. This could in turn help reduce poverty at local level. There is need to provide an environment that can increase the financial capacity of these men, especially those with special skills such as fishermen, dancers, or businessmen.

11.4 Masculinity and alcohol

The scientific approach taken by this study has failed to correlate masculinity attributes to alcohol consumption. For example, it has been difficult to understand the link between men who support their families or are able to make sound decisions on the amount of alcohol consumed, frequency of consumption or type of beer. This observation has also been noted in societies that regard alcohol consumption as part of their culture and as a sign of masculinity. Critical indicators of masculinity as pointed out by respondents are rarely linked to alcohol consumption, as such we disregard alcohol as an important masculinity attribute in Malawi.

However, considering that several significant attributes of masculinity are found with men who take alcohol, for example that they are hard workers, skilled, talented, famous, have a good income and education status, there is need to put in place strategies that will deliberately target those taking alcohol. In this case, special programmes could be undertaken to identify risk behaviours of those with masculinity attributes and take a man to man approach in raising awareness on HIV and AIDS. It can be concluded that these men are directly in touch with commercial sex workers and alcohol tends to affect their reasoning capacity.

11.5 Alcohol and HIV and AIDS

This study has established that there is a link between the nature and extent of alcohol consumption and the spread of HIV in Malawi. Most of the commercial sex workers ply their trade where men are taking alcohol. There have been cases of unprotected sex because of the influence of alcohol. Large entertainment centres have been associated with casual sex as the number of used and unused condoms has been increasing. Unorganized brothels are located near alcohol selling points and women tend to use these facilities with men who mainly consume alcohol. The study has noted that men who take alcohol often insist on the non use of condoms and that they sleep with multiple partners, often under the influence of alcohol.

One clear outcome of this study is that men who take alcohol patronize places where there are many women. For example, an observation in Lilongwe City shows that night clubs and middle income drinking places are always patronized by women ready to exchange sex for cash. The study has revealed that these men rarely have protected sex and that they are frequently surrounded by commercial sex workers.

Special awareness programmes through adverts, radios, posters and man to man approach could be some of the strategies to be developed. Almost all drinking places are patronized by commercial sex workers and the majority of

these places have not incorporated issues of HIV and AIDS in their day to day business with customers.

There is need for a venue-based approach if Malawi wants to reach out to these groups. This approach could be jointly taken by alcohol manufacturers as well as development partners. Commercial sex workers could be empowered so that they are involved in the interventions. For example, Karonga District Assembly has such a programme. We recommend that this good practice should be rolled out to the national level.

Effective awareness programmes for both men and women could be introduced that will utilize all possible strategies to reach vulnerable communities. These will include HIV and AIDS messages on alcohol products.

Several approaches could be introduced in promoting the use of condoms. The quality of these condoms could also be regularly checked by the authorities to safeguard the lives of alcohol consumers.

Another is to intensify awareness programmes that are part of the beer marketing strategy. For example clear warning messages on packaging materials and other products could be introduced. The messages should remind patrons of the impact of alcohol misuse or abuse and the link to HIV and AIDS.

11.6 Masculinity, Alcohol and HIV and AIDS

It can be concluded that there are a variety of physical, social and economic masculinity attributes that contribute to making men vulnerable to HIV and AIDS in Malawi, in particular the productive group that is frequently economically independent and socially active. Understanding the social, cultural and psychological construction of masculinity could help development partners to put in place programmes that reduce the impact of HIV and AIDS.

On the link between masculinity, alcohol and HIV and AIDS in Malawi, the findings have shown that this link is not direct and immediate. Evidence has shown that when the status of a man has changed through income, education, skill, talent, leadership etc, the chances of being attracted to women is quite high. These aspects of masculinity act as pull factors for women to have sex with such men irrespective of their alcohol related activities. While some cultural/traditional practices have good practices to reduce the impact of HIV and AIDS, this study has noted that some are linked to the spread of HIV and AIDS in Malawi. Some of the masculinity attributes that attract women include capacity to hunt, raise income, skills to dance, play football and even singing. These tend to attract women who are looking for cash and normally exchange with sex favours.

In general, there is need to provide practical interventions on how men can be actively involved in the fight against the HIV and AIDS pandemic in Malawi. Development partners could design and implement effective HIV/AIDS

and SRH behavioural change programmes that could target the youth, women and men and commercial sex workers. The participatory approach taken in data and information gathering has shown that there is need to put in place mechanisms and strategies that will aid in the fight against HIV and AIDS in Malawi. In particular, special strategies could target the involvement of traditional leaders, politicians, faith based organizations, and commercial sex workers. As the HIV and AIDS epidemic has evolved in Malawi, one has to understanding its root causes. Therefore it should be recognized that an effective response cannot be limited to AIDS awareness campaigns and expanded HIV care, support and treatment. The response must address underlying social factors that influence prevention, care and treatment practices, such as gender norms, gender-based violence and alcohol and drug abuse. Few communication programmes in the country adequately address these issues, resulting in continued risk behaviour and barriers to services.

There is need to identify and document good practices that are effective in involving men in the fight against HIV and AIDS in Malawi. The workplace interventions are some examples where messages can easily reach those taking alcohol and indulging in risk behaviours.

There is need to empower service providers who are currently not prepared to address issues of alcohol abuse/misuse and its link to HIV and AIDS. Organizations must be encouraged to develop reading materials and guidelines that address this gap. NGOs must take a leading role in the provision of training materials in alcohol counselling. Such approaches can serve to increase knowledge that equips organizations to confront different situations. Lack of collaboration and networking among institutions is also affecting the proper delivery of interventions among men who take alcohol. Therefore the study recommends:

The development goal is to raise awareness to men and involve them in the development of programmes that aim to reduce or prevent HIV and AIDS. In particular, special attention could be paid to those that have a status within the communities.

Knowing that risky behaviour for men begins in their youth at the time of increasing sexual interest and sexual maturation and anxiety, programmes could target the youth through community chat rooms and public counselling centres. These centres could be managed by their fellow young people. The National Youth Council of Malawi could take a leading role in this strategy. The role of traditional structures could be recognized in the fight against HIV and Aids. The capacity of initiation instructors could be built to incorporate issues of HIV among the youth, in particular those that involve young people to go for special training in their tradition.

Counselling sessions by FBOs, especially among the youth, could equally integrate issues of masculinity, HIV and Aids. As such the traditional structures that construct the early part of children's growth could then be linked to higher structures such as education and work. FBOs could take a leading role in reaching these men as well as women; in particular to target livelihoods that are undertaken at night or away from homes such as at fishing shores and night markets.

11.7 General recommendations

The draft report of this study was presented to different stakeholders at a workshop organized by Norwegian Church Aid. The following are general recommendations from the study and from the workshop discussions, concentrating on the linkage between ***masculinity, alcohol and HIV and AIDS***:

- The National Policy draft on alcohol should be recalled to incorporate the views of churches, traditional leaders, communities and FBOs. [Action by Government of Malawi and the alcohol industry]
- Lobby for policy reform regarding regulation, production, selling and marketing of alcohol.
- Alcohol packaging materials including bottles, packets, crates, canes should be pasted with HIV and AIDS sensitizers such as *Drink responsibly, avoid AIDS*. [Action by beer producing companies]
- The church should take a leading role in the spreading of HIV messages by among other things integrating HIV messages in their sermons and homilies. Also there is definite need to create a new culture by promoting education and teaching about HIV and AIDS at gatherings such as Sunday schools, *Tiritonse*, or *Chilangizo* among other meetings. [Action by FBOs]
- Church catechism and teachings could constantly be revised to reflect current issues, especially the impact of HIV and AIDS on their followers [Action by FBOs].
- Health related programmes could be designed to make sure that men are involved in the fight against HIV and AIDS [Action by NGOs, FBOs and Government].
- Influential people in the communities, especially men, could be targeted to spread the message as these are held in high regard by the communities around them. [Action by chiefs and NGOs]
- Alcohol producing companies could promote several programmes that aim to reduce or prevent the spread of HIV and AIDS among its customers including HIV testing services, sponsoring competitions among students, radio programmes, and TV documentaries. These could be

integrated within their marketing strategy and campaigns [Action by the alcohol industry].

- Churches and FBOs could take it upon themselves to carry out family life education on the challenges faced by families, e.g. spouses spending too much time away from each other and lack of bedroom skills at times prompt spouses to look for more skilled sex partners. Church clerks and leaders should be sensitized on masculinity, alcohol and HIV and AIDS. [Action by FBOs and religious groups]
- Hotel and Bar owners could be lobbied to put HIV and AIDS posters and leaflets around their premises. This could be included in the hospitality industry policy. [Action by Government and the private sector]
- Vibrant and effective awareness programmes could be jointly put in place involving the government, NGOs, FBOs, the private sector, traditional leaders, the youth and the public at large whereby the link between masculinity, alcohol and HIV could be highlighted and discussed. This could involve producing publicity materials such as T-shirts, mugs, ball point pens, songs, poems, leaflets, posters, etc with messages about masculinity, alcohol and HIV and AIDS. Produce point of sale materials that will disseminate HIV messages and make full use of the media for sensitization on masculinity, alcohol and HIV and AIDS. [Action by all stakeholders]
- Breaking the silence as regards the link between masculinity, alcohol and HIV and AIDS.
- Adopt the stepping stone module to synchronize it with alcohol and HIV and AIDS.
- Organizations should enforce networking in the field of HIV and AIDS to create harmony and effectiveness without causing confusion in the public response to HIV and AIDS in Malawi. This will also enhance data collection, reporting and management for better programming.

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It is common knowledge that HIV is widespread in Malawi as it is in many other countries of Southern Africa. It is also a well known fact that women suffer most and frequently are blamed most.

Many attempts are being made to address the pandemic and reduce the suffering, and often women are the focus.

This book differs in that it looks at the other side, men. It contends that men have to play a major role in the fight, not only by changing behaviour but also by understanding concepts of masculinity (and that women may profit from that, too).

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